How Clients Benefit from Psychotherapy:

An Exploration of Unanticipated Positive Outcomes

by

Marjorie Kathleen Ross

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Abstract

Psychotherapy has been found to be highly effective, and yet we are still learning why. We do not know much about what is significant for clients about their therapy experiences, or how they may benefit from therapy in unexpected ways. Using an interpretive phenomenological analysis methodology, this investigation sought to answer the question, "What are clients' experiences of benefitting from therapy in unanticipated ways?" Six participants were recruited through purposive sampling from a counselling centre in Edmonton, Alberta. Participants were interviewed individually using semi-structured, open-ended questions that served to explore the phenomenon of experiencing unanticipated outcomes from counselling, and the significance of these experiences. Four main themes emerged from participant descriptions that encompassed this phenomenological experience including: (1) having a supportive therapeutic relationship; (2) growing; (3) engaging more in life; and (4) going beyond the problem. The results are discussed in terms of both psychotherapy processes and outcomes. They also serve to help us understand positive changes that can result from psychotherapy, beyond those targeted within sessions. As the first study to explore this phenomenon, the results are useful for better understanding how clients make use of therapy and provide avenues for future research.

Preface

This dissertation is an original work by Marjorie Ross. The research project, of which this dissertation is a part, received research ethics approval from the University of Alberta Research Ethics Board 1, “How clients benefit from psychotherapy: An exploration of unanticipated positive outcomes,” No. 43054, February 2, 2014.

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Chapter 1: Introduction

Study Context

An estimated 15 million Canadians attend psychotherapy every year for problems such as depression, anxiety, and interpersonal difficulties (Olfson & Marcus, 2010), and research has demonstrated its effectiveness for most people (American Psychological Association, 2013; Lambert 2013; Wampold & Imel, 2015). Yet, the factors that contribute to the effectiveness of therapy are not fully understood. We do not know much about what is significant for clients about their therapy experiences, or how they may benefit from therapy in unexpected ways.

Until recently, research on psychotherapy has been largely focused on specific interventions for the treatment of specific disorders. However, empirical evidence does not support this approach. Meta-analytic studies have shown that specific techniques or models of therapy contribute little to therapeutic success (Bohart & Tallman, 2010; Seligman, 1995; Wampold, Mondin, Moody, Stich, Benson, & Ahn, 1997). Instead, different theoretical approaches to psychotherapy appear to have common components that account for outcomes more than components unique to each approach (Imel & Wampold, 2008). It has been found that the collaborative work of the therapist and client, the relationship between them, and the characteristics of the client are central to therapeutic outcomes (Duncan, 2010; Orlinsky, Rønnestad, & Willutzki, 2004; Wampold, 2010).

Stemming from the common factors research, investigation has recently turned to client experiences of therapy, and clients' active involvement in the process of change. However, few studies have examined, from the clients' perspective, how they may benefit

from therapy in ways that are unexpected by virtue of being beyond the scope of the targeted problems discussed with their therapist (Bohart & Tallman, 2010). Although some research has examined the potential negative side-effects of therapy (e.g., Barlow, 2010; Boisvert, 2010; Nolan, Strassle, Roback, & Binder, 2004), the positive unanticipated effects have not been deliberately investigated. Furthermore, because psychotherapy outcome studies typically evaluate client change using self-report measures to assess changes in symptoms (Levitt, Butler, & Hill, 2006), they fail to capture change that occurs in areas outside of the initial symptoms reported and subsequently targeted. Hence, we know little about the far-reaching, or unanticipated, effects of therapy.

Despite this gap in the literature, indications are that clients can and do benefit from therapy in ways that extend beyond changes in targeted symptoms (Connolly & Strupp, 1996; Elliott & James, 1989; Levitt et al., 2006). Client outcome studies have found that clients report “improvements in interpersonal relationships” (Elliott & James), “improvements in self-concept” (Connolly & Strupp), and “relating better with others” (Levitt et al.) as opposed to simply commenting on reduction in symptoms. Yet few published studies to date have set out to specifically research these effects, or how clients may benefit from therapy in unanticipated ways.

Purpose of the Present Study

Learning about the unanticipated effects of psychotherapy is important because this information will provide insights on how clients can benefit from therapy, as well as how clients use therapy to bring about change in their lives. The aim of the present study, therefore, was to explore the experience of clients who have unanticipated positive

outcomes from counselling and to better understand the significance of these changes. In order to address this aim, I examined the research question: "What are clients' experiences of benefitting from therapy in unanticipated ways?"

These findings promise to make a unique contribution to the field of psychotherapy by being the first to provide an in-depth qualitative investigation of the client's perspective on how psychotherapy can result in greater outcomes than anticipated or targeted. Understanding how clients are able to utilize psychotherapy to apply change to their lives, and the potential benefits that psychotherapy can provide, will help sensitize therapists to client processes, inform therapist decision-making, and contribute to the literature on common factors. Ultimately, we will be better able to help enhance the psychological functioning of clients.

Researcher Interest

My interest in the topic of how clients may benefit from therapy in unanticipated ways was born out of my clinical experiences of working with clients, starting in the first year of my master's in counselling psychology program. While working with clients it became evident to me that the path to positive outcomes in therapy was not always a direct line from the client's initial goal or reason for referral, to termination. Instead, it seemed that there were often many avenues to explore and that as therapy progressed, and the client grew and changed, so did our work together. Working with some clients who reported exceptional progress, it seemed that, in fact, there was something more happening in therapy than purely the resolution of their problem complaint. Anecdotal statements from clients such "I can't believe how much I've changed" also served to reinforce that there was something unanticipated for clients about therapy outcomes.

Simultaneously, as a student eager to understand how I could best help my clients with various disorders or mental health concerns, I also began to research the best ways to do so. As I learned more about the effective components of therapy, I came to understand that there is not necessarily one specific way to best help a client with a specific problem, but instead there are common components across treatments that have been shown to lead to psychotherapy effectiveness (the common factors theory). This research led me to question then if there were common things happening for people who seemed to thoroughly benefit from therapy. My current supervisor also promoted my interest in the area of exploring how psychotherapy can be most effective, and discussions on the gaps in the literature ensued. Combined with my practical experiences, I became quite curious about the ways not only in which clients benefit from therapy, but how they may benefit in unanticipated ways.

My previous research experiences also contributed to my interest in unanticipated outcomes. My master's thesis included an examination of how exercise affects mental health. Interestingly, while the effects of exercise on physical health are widely known, more recent research has documented the incredible ways in which exercise also improves mental health (Martinsen, 2005; Netz, Wu, Becker, & Tenenbaum, 2005; Wipfli, Rethorst, & Landers, 2008). Pleasingly, it seems that an "unanticipated" consequence of exercise is improved mental wellbeing. I also observed that although medical research focuses significantly on the side-effects of medications, both positive and negative, this area seemed to be lacking in psychotherapy research.

At the same time, there was a call being made by psychotherapy researchers for more research on client perspectives, specifically using qualitative methodologies (Elkins,

2012; Gallegos, 2005; Hill, 2006; Hill, Chui, & Baumann, 2013). Qualitative research fits well for who I am as a researcher and clinician. I believe that just as the therapeutic process is about understanding a client's unique perspective and experience, so should the research we complete on those experiences. I have always found it a privilege to be part of a client's growth and healing through therapy, and believe it to be a privilege to hear their stories through research as well. In giving a voice to clients who have experienced the phenomenon of benefitting from therapy in unanticipated ways, I believe that we honour the client, their perspective, and experience. In doing so, we can better understand the processes that occur in therapy, and in turn improve how we as therapists help clients.

Overview of Dissertation

This dissertation is divided into five main chapters. The second chapter provides a review of the existing literature on client experiences of therapy, as well as the gaps that exist. The third chapter outlines the methodology of the current study, including the methodological framework used to guide the study, and details around data collection and analysis procedures. Considerations for ethics and trustworthiness have also been provided in this chapter. The fourth chapter details the findings of the present study, and provides comprehensive descriptions and verbatim quotes in order to provide rich detail around the themes that are presented. Finally, in the fifth chapter, the findings are discussed within the context of previous research findings. Future research directions as well as limitations of the current research are also considered.

Chapter 2: Literature Review

"When clients are consulted about what it is like to be in counselling and psychotherapy, they have many wonderful things to say." Rennie (2006).

Psychotherapy Effectiveness Research

The majority of research to date indicates that psychotherapy is highly effective (e.g., APA, 2012; Lambert, 2013a; Seligman, 1995). In fact, when compared with no treatment control groups, psychotherapy yields an effect size of .75, which has been shown to be highly robust (Lambert, 2013b). Furthermore, when compared to drug treatments, psychotherapy has been demonstrated to be equally effective, and more enduring (Barlow, Gorman, Shear, & Woods, 2000; Hollon, Stewart, & Strunk, 2006; Leykin et al., 2007). To situate the current research, it is helpful to briefly examine the history of psychotherapy effectiveness research, and where the current gaps exist.

Psychotherapy outcome research. Goldfried (2013) contends that research on the outcome of therapy can be thought of as having spanned three generations, starting in the 1950s, moving to the 1960s, and finally the 1980s. In 1950, Snyder provided a summary in the *Annual Review of Psychology* of the research that had been done on psychotherapy to that date. He was able to summarize the findings in a single chapter. Shortly after, the field began to recognize the importance of obtaining evidence on whether therapy actually produced change, and the question "Does psychotherapy work?" began to be investigated.

In the 1960s and 1970s, more outcome research took place, with focus on the question, "Which specific interventions are more effective in dealing with which specific problems." This generation was characterized by greater methodological sophistication in

carrying out studies, a focus on behavioural treatments, and the use of therapy manuals whereby therapy techniques were clearly delineated (Goldfried, 2013). Subsequently, leading journals published findings that indicated that certain techniques were more effective than others for certain disorders (Elkins, 2012).

In the 1980s, psychotherapy research moved into its third generation, where psychotherapy outcome research was modeled after medicine and the investigation of drugs. In this era, psychological problems were labelled as psychiatric disorders and randomized controlled trials (RCTs) flourished. Managed care companies and the insurance industry also started to pressure clinical psychologists to demonstrate the validity of their treatments (Elkins, 2012). This movement lead to the 1990s where Division 12, Society of Clinical Psychology, of the American Psychological Association (APA), formed a task force to identify "empirically supported treatments" (APA Division of Clinical Psychology, 1995). This mindset led to a wide body of research that examined what therapeutic approaches (e.g., cognitive-behavioural therapy, experiential therapy, psychoanalytic therapy) were best for the treatment of specific disorders.

At the same time that RCTs and empirically supported treatments were beginning to be established in psychotherapy research, some researchers and practitioners began to criticize these methods and raised concerns about the overemphasis on techniques, and the criteria used to determine which treatments were scientifically supported, and which were not (Elkins, 2012). Division 29, Psychotherapy, of the APA countered the movement by establishing a task force to publish the scientific evidence supporting the therapeutic relationship as a major determinant of effectiveness (Norcross, 2011), while Wampold and colleagues (e.g., Ahn & Wampold, 1997; Messer & Wampold, 2000;

Wampold, 2001) reviewed decades of research and found that specific modalities of treatment had little to do with therapeutic effectiveness (Miller, Duncan, & Hubble, 2005; Rodgers, 2003).

Although many researchers continue to look at the specificity of therapy (i.e., what specific techniques work best for specific disorders), it has now been well established that there are *common factors* across theories that account for change in therapy (e.g., APA, 2012; Lambert, 2013b; Lambert & Ogles, 2004). In other words, all approaches share components that account for more change than the specific factors attributed to particular approaches. Although the exact common factors are often debated (see Wampold, 2010 for a review), researchers agree that the collaborative work of therapist and client, the relationship between them, and characteristics of the client are crucial determinants of therapy outcomes (Duncan, 2010; Orlinsky et al., 2004; Wampold, 2010).

Thus, despite the fact that much research over the last 40 years has been focused on the specificity of therapy, it has focused on whether one treatment is distinguishable from other treatments. Few, if any studies have looked at whether changes in *clients* are specific to the treatments provided. In other words, if a client comes to psychotherapy for the treatment of depression, is only that depression changed? Or do other changes occur as well? Is anxiety also reduced, even without being targeted? Is self-confidence increased, despite never being discussed in therapy? Does the client report receiving gains in their life in general? The fact that psychotherapy research has been so focused on its own processes, rather than client processes (Kazdin, 2009; Macran et al., 1999), has meant that the unanticipated outcomes, or what could be referred to as “side-effects” of

psychotherapy have been largely ignored. Although some studies have examined the potential negative side effects of psychotherapy (Boisvert, 2010), few have examined what unanticipated positive outcomes occur as a result of participating in therapy.

Psychotherapy process research. While outcome research deals with *whether* psychotherapy works, process research deals with *how* therapy works. Castonguay and colleagues (2010) noted that it is important for outcome researchers to use process findings to improve the impact of effective interventions. Furthermore, many other researchers have identified the need for more process research in psychotherapy (e.g., Grawe, 1997; Ahn & Wampold, 2001; Kühnlein, 1999; Marken & Carey, 2015; Pachankis & Goldfried, 2006). Process findings often come from looking at what clients and therapists find helpful and/or unhelpful in psychotherapy sessions. This type of research has also been called the "events paradigm," which is aimed at identifying especially meaningful aspects of psychotherapy (Castonguay et al., 2010; Elliot, 1985). The examination of these significant events, or critical processes of change, are clinically relevant as they can help therapists to recognize and foster unique opportunities for client change. Although not as abundant as psychotherapy outcome research, the research on psychotherapy processes typically uses methodologies that elicit client perspectives, and aims to find what therapeutic factors clients find helpful.

In an early study examining psychotherapy processes, Llewelyn (1988) reported on helpful and unhelpful events in therapy identified in the Helpful Aspects of Therapy questionnaire. Using a reliable content-analysis methodology to analyze events reported from 40 therapist-client pairs totalling 399 therapy sessions, she found that client participants identified insight, reassurance/relief, problem solution, and personal contact

as helpful. Interestingly, these aspects differed from what therapists found to be most helpful, which they identified as “insight.” These findings are, however, congruent with other studies that have identified non-specific factors as most helpful. In a replication of Llewelyn’s study, Castonguay and colleagues (2010) found that clients’ most highly rated helpful aspects of psychotherapy included self-awareness, problem clarification, and problem solution. Although only “problem solution” overlapped with Llewelyn’ findings, the authors noted that findings again highlighted the fact that clients identified non-specific factors as most helpful.

Glass and Arnkoff (2000) conducted a review examining factors clients find helpful in therapy. Using the reports of six individuals who had recovered from serious mental illness, they found that clients reported that the most helpful elements in therapy are a therapist who listens and shows understanding, a collaborative relationship, the ability of the therapist to deal with strong emotions, and problem-solving skills. This finding was similar to those reported by Paulson, Truscott, and Stuart (1999), who examined clients’ perceptions of helpful experiences in counselling. Using a concept-mapping methodology, which uses both qualitative and quantitative strategies in order to minimize investigator bias, the authors found that five thematic clusters related to helpful experiences in therapy were identified, including “counsellor facilitative interpersonal style” (p. 319), which included items related the therapist’s interpersonal style and the therapeutic relationship. Indeed, the therapeutic relationship has been strongly supported in the literature as a key component to successful therapeutic outcome (Lambert, 1992; Lambert & Barley, 2001; Norcross, 2011; Orlinsky, et al., 2004; Wampold, 2007), and clients often attribute their positive therapy outcome to the personal attributes of their

therapist (Lambert & Barley). In fact, in a comprehensive review of over 2000 process-outcome studies conducted since 1950, Orlinsky, Grave, and Parks (1994) found that therapist variables such as their credibility, skill, empathy, and affirmation of the client were highly related to successful treatment.

Further, in a more recent review, Timulak (2010) investigated client-identified significant events in psychotherapy. Through a database search, he identified 41 primary studies that used client-identified significant events as a main or secondary focus of the study. Findings revealed that the impacts of helpful events reported by clients were focused on contributions to therapeutic relationship and to in-session outcomes. Again, what clients identified as significant in therapy was often different from the events identified by therapists, who frequently identified cognitive aspects. Timulak noted that the intensive qualitative studies reviewed confirmed that the processes involved in significant events are complex, ambiguous, and deeply embedded in the events of therapy.

Finally, Levitt, Pomerville, and Surace (2016) conducted a qualitative meta-analysis examining clients' experiences of psychotherapy. They utilized an innovative method in which 67 studies were subjected to a grounded theory meta-analysis, and then 42 studies were added using a content meta-analytic method. From their review, they identified five key findings: (1) there are common processes across therapy orientations that are of central importance; (2) the accepting, caring, and understanding therapist allowed clients to explore vulnerable issues; (3) the structure of therapy (set session length, regularity, payment) increased clients' security in the process generally, but was enhanced by therapist responsiveness (such as seting up flexible payment when

necessary); (4) clients appreciate an active collaborative relationship throughout therapy where power and cultural differences can be discussed openly; and (5) clients are active agents of change in therapy. The authors suggest that further research be directed toward heightening therapists' understanding of clients as agents of change within sessions.

More research investigating the processes of therapy – especially from the clients' perspective – is clearly needed in order to better understand how therapy works, and how psychotherapists can be more effective. What is needed is to study both outcome and process – unanticipated outcomes and what aspects of therapy (or processes) clients describe as helpful in order to attain those outcomes. In doing so, we will better understand the mechanisms that produce change in therapy. Kazdin (2009) noted that it is important to understand these mechanisms in order to be better able to optimize change in therapy, to know what is needed to make treatment work, and thereby what components must not be diluted to achieve change.

Client Outcomes – Extending Beyond Symptom Relief

A call for research. In the last few decades, numerous psychotherapy researchers (e.g., Elliott & James, 1989; Gallegos, 2005; Kazdin, 2009; Marken & Carey, 2015; Seligman, 1995) have identified that psychotherapy outcome research has focused excessively on symptom relief at the expense of other changes important to the client. This trend can be contrasted with medical researchers, for whom the examination of side-effects has been a priority (Kazdin, 1981). In fact, in order for a drug to receive Federal Drug Administration or Health Canada approval, its side effects must be tested and known (US Food and Drug Administration, 2013; Health Canada, 2013). However, within the behavioural sciences, this research has been largely neglected. Kazdin noted

that behavioural researchers need to explore the side effects of psychological treatment if they want to be congruent with the philosophical and theoretical goals of those who practice therapy.

Likewise, Sechrest, McKnight, and McKnight (1996) suggested that in order to fully understand the effects of psychotherapy, researchers need to measure outcome in terms of impact on “functional status and quality of life” (p. 1066). Marken and Carey (2015) added that improvements to psychotherapy effectiveness, efficiency, and accessibility have been hampered by a lack of understanding of how psychotherapy works. Notably, the American Psychological Association (APA) has also identified the critical need for client-centered outcome research, including the need for the examination of positive and negative effects of therapy. In their 2012 document, *Resolution on the Recognition of Psychotherapy Effectiveness,* the APA stated in regard to outcome research that is required on psychotherapy:

> Researchers will continue to examine the ways in which both positive and possible negative effects of psychotherapy occur, whether due to techniques, client/patient variables, therapist variables, or some combination thereof, in order to continue to improve the quality of mental health interventions (p. 3).

Clearly, a need has been identified for more research examining how clients benefit from psychotherapy and how these changes come about. Despite the fact that most research has neglected to focus on outcomes considered important from the client’s perspective (Connolly & Strupp, 1996), the few studies that have show that clients often experience change or benefit from therapy in ways that extend beyond their initial goals or relief of problematic symptomology.

Outcomes beyond symptoms. Several studies support the idea that clients may benefit from therapy in ways that surpass symptom relief or resolution of presenting problems. In an early study that examined clients' retrospective views on psychotherapy, Strupp, Fox, and Lessler (1969) compared clients' presenting problems with changes considered most important from the clients' perspective. They found that although presenting problems included complaints such as physical symptoms, anxiety, and depressive feelings, following treatment, improvements in interpersonal functioning were reported most frequently as an important change. This finding revealed that although certain problems are reported as significant at the outset of therapy, resulting changes may extend to other areas that the client considers important.

Indeed, Elliott and James (1989) reviewed the research literature (both qualitative and quantitative) on types of experiences clients have in therapy, and found that there is a continuum between within-treatment impacts and post-treatment outcomes. In five studies that asked clients to describe, in their own words, the specific outcomes of treatment (Feifel & Eells, 1964; Lipkin, 1948; Oldfield, 1983; Strupp et al., 1969; Strupp et al., 1964), it was found that along with symptom relief, increased self-esteem, improvement in interpersonal relationships, and greater mastery were identified. The authors concluded that studies of clients' experiences in psychotherapy are likely to enrich our understanding of therapy and recommended more qualitative, exploratory research of client experiences from the client's perspective.

Connolly and Strupp (1996) also investigated patient perspectives of important psychotherapy outcomes. Their sample of 80 patients reported undergoing 90 distinct changes following psychotherapy. Using cluster analysis, the researchers found two

superclusters: improvements in symptoms and improvements in self-concept. They concluded that outcome measures therefore need to encompass not only changes in symptomology, but other changes that may be occurring, peripheral to the problematic symptoms.

Likewise, in a qualitative grounded-theory study examining clients' significant moments in therapy, Levitt and colleagues (2006) interviewed 26 participants who attended therapy for a minimum of eight sessions. The researchers interviewed participants using a semi-structured protocol that explored what clients found significant or important from their therapy experiences. Interestingly, participants spoke about the therapeutic relationship in excess of any other factor, and rarely attributed important change or insight to any one intervention. In fact, the researchers found that clients rarely discussed symptomatic change per se as an important outcome of their psychotherapy. Instead, participants tended to discuss global changes such as "relating better with others" and "understanding or feeling better about themselves" (p. 322). The authors noted that these findings support the view that although symptom reduction can be a positive effect of therapy, it may not be the primary benefit for many clients. They further identified that the use of symptom checklists as a primary measure of psychotherapeutic change may be ineffective for capturing the benefits of psychotherapy.

Finally, in a phenomenological study that sought to investigate symptom relief in psychotherapy, Gallegos (2005) provided evidence from three in-depth interviews that participants utilize psychotherapy for more than the problems or anxieties that lead them to it. Although Gallegos' initial research objective was to capture the rich complexities of changes in symptoms that occur through psychotherapy, he later concluded that the

experience of successful psychotherapy cannot be reduced to an exploration of symptom relief. Instead, he found that although psychotherapy was not initially sought for growth and self-actualization, those were processes that became possible after participants' initial problems improved. Gallegos noted that there remain gaps in understanding phenomenologically how psychotherapy works, and that much remains to be known about the atheoretical aspects of therapy.

Although the studies to date are promising in that they indicate that clients use psychotherapy in ways that extend beyond the targeted problems discussed in therapy, no study has yet intentionally set out to specifically examine how clients benefit from therapy in unanticipated ways.

Client Expectations – Getting More From Therapy than Expected

Client expectations have emerged as an important common factor, accounting partially for treatment outcomes in psychotherapy (Dew & Bickman, 2005; Greenberg, Constantino, & Bruce, 2006). Clients bring certain expectations to therapy (Westra, Aviram, Barnes, & Angus, 2010) that typically fall into three types: role expectancies, process expectancies, and outcome expectancies. Role expectancies refer to expectations clients have of themselves and their therapist (Arnkoff, Glass, & Shapiro, 2002). Process expectancies refer to expectations about how therapy will proceed (Westra, et al.). Finally, outcome expectancies refer to expectations that therapy will result in change (Arnkoff et al.).

Although expectations are considered important because they contribute to treatment outcome, they have been largely under-studied, especially the area of discordance between expected and actual outcomes (Burgoon, 1993). Furthermore, while

most studies in the area of client expectations have examined the correlation between expectations and outcome (Meyer et al., 2002, Safren et al., 1997; Sotsky et al., 1991), few have examined client experiences of having psychotherapy exceed their outcome expectations.

However, in one of the few studies conducted in this area, Westra and colleagues (2010) demonstrated that clients who reported having a positive outcome from psychotherapy also reported gaining more from treatment than expected. Using a qualitative narrative approach, 18 participants were interviewed following completion of cognitive behavioural therapy. One of the themes that emerged from their study was “the experience surprised me.” Within this theme, clients reported that they changed to a greater extent than was expected. In another theme, “I didn’t expect to change/learn so much,” clients reported surprise at the extent to which therapy impacted their lives, helping them to change their “thoughts, behaviour and acquire new ways of being” (p. 441).

These findings are of significance because they demonstrate that therapy may result in outcomes beyond those that clients expect or can foresee occurring. Furthermore, although the focus of Westra and colleagues’ (2010) study was on the importance of expectancy violations, we can also infer that there is much more about client experiences of benefitting from therapy that we do not yet know or understand. While exploring the personal impact and significance of getting more out of therapy than anticipated was beyond the scope of Westra and colleagues’ investigation, this is an important area that deserves further investigation.

Importance of Client Perspectives

Numerous researchers have argued that it is clients themselves that make therapy work (Bohart 2000; Bohart & Tallman, 2010; Duncan, Miller, Wampold, & Hubble, 2010). These researchers contend that clients are not submissive recipients of intervention but rather actively utilize aspects of therapy, and input from their therapists, to make change occur. Bohart and Tallman (2010) suggest that clients' involvement, effort, and intelligence allow them to make use of different therapeutic approaches, and create positive change. In other words, clients are a common factor across different forms of psychotherapy.

In the last decade, there has been a thrust within the psychotherapy literature to consider client perspectives in psychotherapy research. Traditionally, psychotherapy researchers have focused on what therapists have brought to therapy, while neglecting the factors that clients bring to therapy (Dreier, 1998; Lambert, 2007; Macran, Ross, Hardy, & Shapiro, 1999). Although some researchers are beginning to investigate client contributions (e.g., Bohart & Tallman, 2010; Duncan et al., 2010; Rodgers, 2003), the traditional approach assumes that clients are largely unaware of the processes causing their problems or those that are helpful in resolving their problems (Macran et al.). Furthermore, the therapist has traditionally been viewed as the expert and the one who can best describe the clients' progress and outcomes in therapy (Llewelyn et al., 1988). These assumptions are problematic because psychotherapist and client perspectives often differ in important ways (Barham & Howard, 1991; Gordon, 2000). In 1998, Dreier suggested that in order to develop more appropriate theories about psychotherapy, we need research into client perspectives and how clients actually use psychotherapy. Despite

the many years that have passed, this argument continues to be echoed by researchers today (e.g., Levitt, Pomerville, & Surace, 2016).

Moreover, research has demonstrated that the client's role in therapy is critical (Clarkin & Levy, 2004). The therapeutic bond and the quality of the clients' participation in therapy, for example, are major determinants of outcome (Orlinsky et al., 1994; Wampold, 2015). Additionally, unlike medications that are administered to patients, psychotherapy is not administered mechanically to a passive recipient. Instead, psychotherapy involves relationship, behaviour, and dialogue, whose influence depends on the meanings attributed to them by clients (Butler & Strupp, 1986).

Because clients are active participants in the therapeutic process, and bring their own expectations, hopes, and strengths to therapy, standard outcome measures may not capture what clients feel is important or significant in therapy. Macran and colleagues (1999) stipulated:

> Phenomenologically, it is meaningless to attempt to be objective about something which by its nature is subjective. If therapy has no meaning other than that attributed to it by its participants, then it can only be explained and analyzed by reference to individual actions, thoughts and intentions. Clients are the most direct source of this information. We cannot fully know about clients' experiences, and therefore fully understand how psychotherapy facilitates change, without asking them (p. 330).

What is more, psychotherapy does not simply "work" during the time where therapist and client meet. Instead, it is the purpose of psychotherapy to help clients change outside of sessions, during other times, and in other places (Dreier, 1998). Therefore, it

follows that we should study client outcomes not only in the immediacy of the session, but after clients have had time to engage in their everyday contexts, outside of therapy. If outcomes are measured purely in the context of the therapy session, there is a significant chance that therapists will overstate the role that they and the session play as the central factor to change (Dreier).

Strupp (1996) asserted that although client perspectives have traditionally been viewed as suspicious, there is no reason to discount them:

> Patients may exaggerate benefits or distort their recollections in other ways, but unless they are considered delusional, there seems to be no reason for questioning their reports. To be sure, one would like to obtain collateral information from therapists, clinical evaluators, significant others, as well as standardized tests, but the information from collateral sources is intrinsically no more valid than the patients' self-reports. Nonetheless, society is biased in favor of "objective" data and skeptical of "subjective" data (p. 1022).

Of note, in a major review of psychotherapy process and outcomes, Orlinsky and colleagues (1994) looked at nearly 500 studies published between 1950 and 1992 and divided findings into process and outcomes variables, as reported by the therapist, patient, and independent observer. Significantly, they found that variables perceived by the patient were more consistently associated with positive outcome than the therapist or independent observer variables, demonstrating the important relationship between client perspectives and outcome. When a follow-up review, examining studies published between 1993 and 2001, was subsequently conducted, Orlinsky and colleagues (2004) reported that no major change in conclusions was required.

In a summary of the current counselling research on client experiences of psychotherapy, Manthei (2006) noted several important research findings. First, he found that clients and their therapists often disagree on what happens in counselling, and that these differences are numerous and important. Second, he found that the things that clients do outside of counselling are important for achieving successful outcomes. Third, clients value their counselling and can readily describe the things they find helpful. These three findings are relevant for the current study because they demonstrate that: (1) it is vital to seek client perspectives as their perspective often differs from that of their therapist; (2) it is important to follow-up with clients after their therapy has finished and they have had time apply change outside of their therapy sessions; and (3) clients are able and willing to identify what they found helpful in therapy, indicating that they can be an excellent source of identifying helpful factors in the psychotherapy process.

How clients use therapy. Although little research has placed the client front and centre in terms of looking at how they make use of psychotherapy, the few studies that have demonstrate that clients utilize therapy in ways that may surprise clinicians and that extend beyond individual sessions.

In a qualitative study, Kühnlein (1999) investigated how clients integrate experiences from psychotherapy. Using autobiographical narratives of discharged clients from a psychotherapy ward, she found that psychotherapy led not only to change in emotional disorders but opened a "salutogenetic potential" (p. 285). In other words, patients integrated and assimilated changes from psychotherapy, contributing to long-term effects. Kühnlein concluded that it is therefore not appropriate for psychotherapy research to concentrate on mainly "objectifiable expert evaluations" (p. 285) and on isolated

changes within a client. Instead, client constructions should be taken into account both during the process of psychotherapy and in the evaluation of the outcomes.

Dreier (1998) also looked at client perspectives and how individuals use psychotherapy. He interviewed clients who had participated in psychotherapy, and asked whether they behave different now compared to earlier, and how and why such changes had come about. He identified several ways in which clients had made use of psychotherapy, and what brought about psychotherapeutically relevant changes in their everyday lives. First, he suggested that clients used psychotherapy in highly selective ways. He noted that in-between sessions clients picked up particular, sometimes apparently not very prominent, aspects of their sessions. Clients also took away different aspects of sessions than those that their therapists expected them to. Second, he found that clients continued to process topics from psychotherapy, and in doing so modified or reinterpreted them. Additionally, clients did not share with their therapists how or why they may have reinterpreted sessions outside of therapy. Third, Dreier reported that different clients found different events within therapy significant. As well, even if therapists and clients arrived at similar perspectives, they often took different approaches to get there. Finally, he found that clients used psychotherapy to create connections between events and experiences in sessions and in their lives. Clients thus transformed what happened in sessions and applied that learning to other parts of their lives, and in the process the meanings changed from their original form.

McLeod (2011) summarized several themes related to how clients use therapy that are relevant to the current study. First, he noted that clients use criteria other than simply symptom reduction for evaluating the effects of their therapies, which is the typical

criteria used in clinical trial research. Second, clients often form internal representations of their therapists, thinking about what their therapists said and might say, and continuing these internal dialogues after therapy had ended. Third, clients frequently learn something new in therapy. These three findings are especially pertinent to the current study in that they demonstrate: (a) the need for research that looks at change beyond symptom reduction; (b) that it is important to allow clients some time after therapy has ended to evaluate outcomes as they continue to process what their therapist has said; and (c) that clients take away knowledge from therapy that may be beneficial for practitioners and researchers to understand more about.

Importance of Using Qualitative Methods

Not only has there been a call to attain clients' perspectives on psychotherapy, there has also been a need identified for such research to be done through qualitative means. Gallegos (2005) pointed out: "Clients can tell us what works in everyday, descriptive language that transcends questionnaire item construct when not asked to evaluate psychotherapy using the terminology of fixed, forced-choice questionnaires" (p. 259-360). Indeed, qualitative studies using client perspectives can provide rich information on the effectiveness and helpful aspects of psychotherapy.

Unfortunately, qualitative methodologies have traditionally not been recognized as being as valid as other methodologies. The "gold standard" for evaluating outcomes in psychotherapy comes from randomized controlled trials (RCTs) and the use of self-report measures. And although both of these methods have their merits, they can also be problematic if they are not considered in conjunction with a deeper understanding of individual experiences of therapy.

While RCTs have been adopted from medical research, they have important limitations for investigating the effectiveness of psychotherapy (e.g., Garfield, 1996; Goldfried & Wolfe, 1996; Roth & Fonagy, 1996). In RCTs, the following conditions exist: (1) patients are randomly assigned to treatment and control conditions; (2) the controls are rigorous; (3) treatments are manualized, with highly detailed scripting; (4) patients are seen for a fixed number of sessions; (5) the target outcomes are well operationalized; (6) raters and diagnosticians are blind to which group the patient comes from; (7) patients meet criteria for a single diagnosed disorder, while patients with multiple disorders are typically excluded; and (8) patients are followed for a fixed period after termination of treatment (Seligman, 1995). Alas, psychotherapy, as conducted in the field, is characterized by conditions quite unlike those in RCTs: (1) psychotherapy is not fixed in duration – it usually keeps going until the patient is improved or until he or she quits; (2) psychotherapy is self-correcting, meaning that if one intervention or technique is not working, another technique or modality is tried; (3) patients in psychotherapy often get there by actively shopping for a specific therapist or treatment; (4) patients in psychotherapy usually have multiple problems, and psychotherapy is geared to relieving parallel and interacting difficulties; and (5) psychotherapy in the field is concerned with improvement in the general functioning of patients, as well as improvement of a specific disorder or symptom.

The use of self-report questionnaires helps us to understand, from the clients' perspective, changes or outcomes that have occurred. Their limitation, however, is that they are based on the developers' assumptions about the world and only ask participants to respond to what the developer has constructed, rather than asking participants to

describe their experience from their perspective (Hill et al., 2013). Furthermore, it can be difficult to know how participants are interpreting a question or what they are thinking when they circle a number or a descriptor. McLeod (2011) further noted that clients seem to be more willing to be critical of therapists in interviews than on self-report measures where there are often ceiling effects because clients give such extremely positive responses.

Qualitative approaches are one alternative method for investigating outcomes in therapy that allow participants a greater opportunity to reflect on and construct their own responses, to talk about what is important to them, and to tell about things about psychotherapy that researchers had not necessarily expected (Hill et al., 2013). In qualitative research, open-ended questions are used to allow participants to fully explore their experiences, use words and metaphors instead of numbers to represent their experiences, and to describe experiences in ways that do not fit in a pre-determined set of responses. Within the qualitative paradigm, a foundational philosophical assumption is that findings are socially constructed and rely on context and perspective, rather than a universal "truth" being discovered. This approach is especially suited for psychotherapy research where psychotherapy itself is a socially constructed process. Psychotherapy is an experience that is different for each client-therapist pair, and even therapists who implement a structured, manualized therapy do so differently across clients in an attempt to be responsive to client needs (Hill et al.).

Furthermore, there has been a need identified in the literature for more qualitative outcome studies (Elkins, 2012; Gallegos, 2005; Hill, 2006; Hill et al., 2013; Hodgetts & Wright, 2007; Macran et al., 1999; McLeod, 2011). Hill outlined several advantages of

qualitative research. First, researchers are able to study experience from the clients' perspective, rather than imposing their own assumptions and worldviews (within the limits of their biases). Second, qualitative methods allow researchers to find unexpected results, rather than support for their hypotheses. Third, qualitative research is not limited to a fixed number of variables that can be studied because of statistical power. Instead, researchers can investigate complicated and various phenomena. Finally, qualitative research is appealing to clinicians because it matches clinical practice and conceptualization.

McLeod (1996) also argued that qualitative research, which adopts a discovery-oriented attitude, aims to uncover or clarify meaning, as opposed to testing a pre-defined hypothesis. At the same time, it produces "local" knowledge, rather than attempting to obtain abstract universal truths. This knowledge is arguably more suitable for psychotherapy, which involves real people in different situations, rather than generalized abstractions.

Research Question and Rationale

Although psychotherapy researchers have been highlighting the need for more studies examining client perspectives for well over a decade, there remains a significant gap in the research literature on how clients benefit from and use psychotherapy in the context of their everyday lives. We know that clients may continue to benefit from therapy after it has ended, and that benefits may exceed resolution of problem symptoms. Yet, there has been little research to determine *how* clients may benefit from therapy in unanticipated ways, what those benefits are, or how those benefits impact their lives. The aim of this phenomenological study, therefore, is to gain a better understanding of the

ways clients may benefit from psychotherapy, the significance of those benefits, and how therapy helps clients to achieve those gains. The focus on unanticipated benefits provides a unique perspective in that it allows for the understanding that clients can use psychotherapy in ways that extend beyond the problems that are targeted and worked on in therapy. In order to better comprehend this phenomenon, the following research question was used: "What are clients' experiences of benefitting from psychotherapy in unanticipated ways?"

This question is important because while research suggests that clients are active agents in their own healing and growth, we know little about the process of how clients use and benefit from psychotherapy. Although we know that emotional, behavioural, and interpersonal issues can be resolved, and distressing symptomology can be reduced, it is also important that we understand the myriad of ways in which psychotherapy may help individuals to change. Acquiring this information may help us to target new populations or issues, and refine treatments so that they may better help individuals make change in their lives.

Chapter 3: Methodology

Research Design

Interpretive phenomenological analysis. An interpretative phenomenological analysis (IPA) design was employed in this investigation to explore how participants make sense of particular experiences or events (Smith & Osborn, 2003). IPA was developed by Jonathon Smith (Smith, Harré, & Van Langenhove, 1995) to allow rigorous exploration of subjective experiences and social cognitions (Biggerstaff & Thompson, 2008). IPA is a recently developed qualitative approach that has rapidly become one of the best known and most commonly used qualitative methodologies in psychology (Smith, 2011). The aim of IPA is to explore how participants are making sense of their personal and social world through the exploration of meaning that participants assign to particular experiences, events, or states (Smith & Osborn). IPA is described by Smith as: "[being] concerned with the detailed examination of personal lived experience, the meaning of experience to participants and how participants make sense of that experience" (p. 9). IPA has theoretical and philosophical roots in phenomenology, hermeneutics, and ideography.

Phenomenology. Phenomenology explores an individual's lived experiences and meanings of a particular phenomenon (Creswell, 2013). The aim of phenomenology is to "describe the experience as it is lived by the people" (Crotty, 1996), or the *essence* of everyday experience. In phenomenological research, the goal is to gain access to the phenomena, understand it, and make its essence clear. Phenomenology uses language to describe what lies beyond language – and thus involves using emotions, actions, and perceptions of things and relationships to understand phenomena. Phenomenologists

focus on describing what all participants have in common as they experience a phenomenon. The purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of the universal essence (Creswell). This purpose is accomplished by identifying a phenomenon, collecting data from those who have experienced the phenomenon, and developing a description of the essence of the experience for all individuals. This description goes beyond "what" they experienced, to "how" they experienced it (Moustakas, 1994).

Hermeneutics. IPA is also connected to hermeneutics and theories of interpretation. The term "hermeneutics" stems from Greek mythology and Hermes, messenger of the gods, who could travel to and return from the underworld. The term hermeneutics was first applied to Scriptural interpretation in which the meaning of texts produced by long-dead authors had to be inferred and was subsequently applied to other texts, including those produced by living authors. John McLeod (2011), a leading expert on qualitative analysis in psychotherapy, defines hermeneutics as: "an act of interpretation which brings to light an underlying coherence or sense within the actions, behaviour or utterances of a person or group." In hermeneutics, understanding is always from a perspective and involves an interpretation in which context is considered of utmost importance. In hermeneutics, questions are always viewed not only in their cultural-historical contexts, but also from the context and tradition of the researcher. Moreover, it is acknowledged that we cannot step outside of our culture and history, and our findings will always be framed from within our cultural perspective. Furthermore, in the hermeneutic tradition this reality is something that should not only be accepted, but embraced (McLeod).

It is important, however, to distinguish traditional hermeneutic interpretation from how interpretation is applied in IPA research. Traditional hermeneutic inquiry is a method that was developed to enable the study of documents in public domain, such as Biblical texts, or Shakespearean plays. In IPA however, any text can be used, such as therapy session transcripts or interview material. In this way, readers do not have the chance to initially form their own impression of the text, but instead are provided with selected bits of text that the researcher deems important.

In IPA, it is acknowledged that research is a dynamic process, with an active role for the researcher who attempts to get close to the participant's personal world or obtain an "insider perspective" (Conrad, 1987). One cannot do this completely, however; access depends on and is complicated by the researcher's own conceptions. Indeed, these are required in the process of interpretation. Thus, a two-stage interpretation process, or double hermeneutic, is involved in IPA: first, the participants are trying to make sense of their world; second, the researcher is trying to make sense of the participant making sense of their world (Smith, 2004).

Different interpretative perspectives are possible, and IPA combines an empathic hermeneutics with a questioning hermeneutics (Smith & Osborn, 2003). The use of empathy means that the researcher develops a personal sense of understanding the emotional, interpersonal and cultural-historical worlds of the participant who generated the text. Thus, one tries to understand the participant's perspective, while also asking critical questions of the texts of participants. For instance, one may ask, "What is the person trying to achieve here?" or "Is something here, that perhaps the participant was unaware of?" (Smith & Osborn).

Phenomenology and hermeneutics in qualitative research. The philosopher Martin Heidegger (1896-1976) is most closely associated with the idea that phenomenology and hermeneutics should be seen as complementary aspects of knowing about human existence (McLeod, 2011). Heidegger was heavily influenced by the philosopher Husserl, but took exception with Husserl's efforts to keep our "natural attitude" separate from phenomenological inquiry. Where Husserl wanted to transcend "everydayness," Heidegger sought to understand it. Heidegger pointed out that it is not possible to be fully objective because our experience, judgments, and preconceptions cannot be completely suspended. He argued instead that we are only able to understand the world through interpretation. Likewise, IPA encourages the researcher to reflect on how we come to understand things through our own feelings, judgments, and thinking.

IPA also acknowledges the contributions of symbolic interactionism (see Denzin, 1995, for a review), which posits that the meanings an individual ascribes to events are of central concern yet are only accessible through an interpretive process (Smith, 1996; Smith & Osborn, 2003). IPA assumes the epistemological stance that through careful and explicit interpretative methodology it is possible to access an individual's cognitive inner world (Biggerstaff & Thompson, 2008). In this way, IPA is focused on the exploration of participants' views, experiences, understandings, and perceptions, rather than with producing an objective account of their experience. In IPA, the researcher attempts to understand how the participant understands a particular event or experience by assuming a connection between what people say and what they are thinking and feeling (Smith & Osborn, 2003). At the same time, the connection between what people say and what they think and feel is complicated; individuals struggle to express themselves and thus the

researcher must interpret people's mental states from what they say, and the way they say it. As such, IPA can be described as having cognition as a central analytic concern (Smith & Osborn).

In IPA it is acknowledged that it is not possible to suspend all presuppositions and biases. Instead, the researcher is expected to play an active role in the interpretation of the participant's experience. As such, reflexivity becomes important and the researcher must be aware of his or her own worldview, experiences, and assumptions. A section on self-reflexivity is thus presented in the section on Evaluating Quality.

Idiography. *Idiographic* is a term that was brought to psychology by Gordon Allport (1937) and describes the study of the individual, who is seen as a unique agent with a unique life history, set apart from other individuals. Unlike the *nomothetic* experience, which describes the study of classes or cohorts of individuals, and typically uses a quantitative methodology, the idiographic is typically studied using qualitative means. In IPA, one case is examined in detail before moving to a detailed analysis of the second case. Only once each case has been examined in detail should they then be cross-analyzed. Due to this detailed, nuanced analysis of each case, IPA is generally conducted with a small sample. Smith argued that the value of providing such detailed cases is that by delving deeper into a particular case, we are also brought closer to the universal, and as such may think about how other people experience the particular phenomena being explored.

Smith (2004) also describes IPA as *inductive*, and *interrogative*. IPA is *inductive* in that researchers employ techniques that are flexible enough to allow for unanticipated topics to emerge during analysis. Within IPA, specific hypotheses are not established, nor

does the researcher attempt to verify or negate a specific hypothesis; instead, broad research questions are used and data is derived from individual accounts. (Smith, 2004).

Finally, IPA is *interrogative*, meaning that it employs constructs and concepts from mainstream psychology. This is achieved through interrogating or expanding upon existing research, and discussing findings in relation to the extant psychological literature (Smith, 2004).

IPA is particularly suited to the current research study, as the aim is to better understand the clients' perspective on the experience of benefitting from therapy in unanticipated ways. Furthermore, Smith and Osborn (2003) purport that IPA is especially useful with novel or complex processes. The current study fits both of these criteria, as little research has been conducted on the unanticipated benefits of therapy, and the process of change is both complex and not fully understood.

IPA does not claim "truths" or compare participants' accounts to an external standard, but instead recognizes that the meanings people ascribe to events are the products of interactions between individuals in the world (Willig, 2001). When seeking to understand the experiences and processes of therapy, this approach is fitting as each individual comes to therapy with their own experiences, worldviews, knowledge, and perspectives, just as each therapist does the same. And because each client-therapist pairing is unique, the meaning created between them will be as well. Indeed, in studies examining clients', therapists', and an objective observers' opinions on what transpired during therapy, it has been found that each will describe different processes as being important as well as understand different outcomes for the client (Manthei, 2005).

Small sample size. Because IPA is committed to a detailed interpretative accounting of the cases included, this can only realistically be done with a relatively small heterogeneous sample (Smith & Osborn, 2003) and it is therefore not very helpful to think in terms of random or representative sampling. Instead, purposive sampling is used in order to find a defined group for whom the research question will pertain. Thus, while findings will not be generalizable to all populations, the particulars of the sample chosen are reported in detail so that readers will have a context for understanding the experiences of the participants in the study. When subsequent studies are conducted with other samples, more general claims can then be made (Smith & Osborn).

Previous IPA studies have been conducted with samples ranging from one to fifteen cases. However, Smith and Osborn (2003) recommend a sample size of between three and six, arguing that this number allows for a sufficient in-depth engagement with each individual case while also allowing a detailed examination of similarity and difference, convergence and divergence. The current study included six participants, which was sufficiently large for observing a convergence of themes between participants, while also allowing for a depth of analysis to truly explore the experience of benefitting from therapy in unanticipated ways.

Semi-structured interviews. Semi-structured interviews have been employed as an exemplary data-collection method in IPA (Smith, 2004; Smith & Osborn, 2003). While providing a framework for exploring the phenomena of study, semi-structured interviews allow for interviewees to be the experts on the material in question, and the use of open-ended questions encourages participants to tell their story. The semi-structured interview also provides the researcher with greater flexibility than a structured interview or

questionnaire; the researcher can follow up with avenues presented by the participant that might not have otherwise emerged. It is assumed that the material a participant provides has some significance to them and provides insight into their psychological world and perspective of the phenomena under study (Smith). Therefore, the participant is viewed as the one most in charge of the direction the interview takes, and he or she may introduce an issue the researcher had not thought of. Because interviewees are thought of as the expert on their experience of the subject, they need to be allowed maximum opportunity to tell their story (Smith).

Participants

Recruitment. This study was conducted out of the University of Alberta's Education Clinic, housed in the Education Building on the main campus, in Edmonton, Alberta. The Education Clinic is a facility where individuals from the local community can receive low-cost counselling services from student clinicians who are working towards becoming psychologists. The Clinic has 12 counselling rooms equipped with audio/visual equipment that provide a quiet and confidential place for interviews to take place.

A purposive sample of participants was recruited in two ways. One, information posters were posted at the University of Alberta's Education Clinic (Appendix A). Two, brief presentations were made to master's and PhD students working at the University of Alberta's Education Clinic to inform them of the study and the potential for their clients to participate. Information letters were provided to student clinicians (Appendix B) and potential participants (Appendix C).

Inclusion/exclusion criteria. Clients who identified as gaining more from therapy than they expected were invited to contact the researcher to participate in the study. Once contact had been made, a brief phone screening was used to determine if they were appropriate for the study. To be eligible to participate, clients needed to (a) report having changed from individual therapy; (b) report having received greater benefits than they anticipated from therapy; and (c) be willing to come in for a 60-90 minute interview. Potential participants were informed briefly of the purpose of the study and how their information would be used. If they agreed, a date and time were set for the interview. Participants received a $30 honorarium to compensate for their travel and parking expenses.

Only clients who received individual therapy were included in the study. The inclusion of individual clients, rather than on clients who attended couples, family, or group therapy, was to provide focus to the study on the benefits that are derived from the individual therapy between client and therapist. By limiting the scope to this interaction, I was able to focus on what meaning participants ascribe to the therapy and the interactions with their therapist, rather than on meaning that may come from the effect of participating with others in therapy. By limiting the study to individual therapy, changes and benefits described by participants are more likely to be attributed to the therapy process, and the interaction between client and clinician, rather than the systemic change process as occurs in couples or family therapy. Children were also excluded from the study in order to extend the previous literature that has examined client outcomes, processes, and expectations in adults.

The sample. Participants consisted of three women and three men between the ages of 18 and 44 years, with the average age being 25 years old. In order to protect their confidentiality, pseudonyms were given to all participants (see Table 1). Participants were asked to indicate the number of counselling sessions they had attended in order to gain an understanding of the context of their experience in therapy. This number is listed as an approximation, as some participants could not remember the exact number. The initial reason for attending counselling is also provided in order to give a sense of how the benefits of therapy that participants described extended beyond their initial goal or problem. All participants had completed therapy within a month, or less, of their interviews.

Procedure

All interviews took place within private counselling rooms at the University of Alberta Education Clinic between March and June 2014. Interviews were recorded using a digital voice recorder as well as my personal laptop for backup purposes. Interviews varied in length from 35 to 103 minutes, with the average interview lasting 65 minutes.

Prior to commencing the interviews, participants were informed about the purpose of the study (Appendix D) and how their confidentiality and anonymity would be secured. Participants were also informed about any potential risks and benefits of participating, how the information collected from the interview would be used, their right to ask questions, stop the interview, or withdraw from the study at any time. Participants who agreed to the parameters of the research then signed a consent form (Appendix E) allowing for their information to be used for the purposes of the study.

All recorded interviews were verified for sound quality and uploaded onto my password protected personal computer. Once uploaded, they were deleted immediately from the digital recorder. The uploaded audio files were transcribed and password protected. All interviews were anonymized by using pseudonyms and removing identifying information to ensure participants' confidentiality. All documents related to the interviews were kept in a locked filing cabinet in my home office.

Table 1

Participant Characteristics

Pseudonym	Gender	Age at Time of Interview	Initial Reason for Seeking Counselling	Approximate Number of Counselling Sessions Attended
Adam	Male	23	Depression	11
Steven	Male	20	Anxiety	30
Grace	Female	19	Family issues and low self-confidence related to body image	7
Kylie	Female	18	Academic planning and family issues	20
Danny	Male	44	Issues related to previous brain injury and legal issues	13
Abby	Female	27	Academic and family issues	8

Semi-structured interviews. Participants were interviewed individually using semi-structured, open-ended questions. Questions included: (1) What was your initial

reason for attending therapy? (2) How did you benefit from therapy in unanticipated ways? (3) Please tell me the story of how this happened. (4) Tell me about how these unexpected benefits/changes have impacted you. (5) What is the significance of this experience for you? (6) Is there anything I haven't asked you, about your experience of benefiting from therapy in unanticipated ways, that you think is important? and (7) What was it like to participate in this interview? (see Appendix F for complete protocol).

The interview protocol was used as a loose outline to begin conversation with participants and to address broad themes for discussion. However, the protocol was not meant to be prescriptive or to override the interests of participants. Instead, participants were able to take the lead in conversation and topics were pursued as they were identified.

Data Analysis

IPA was used to analyze data. IPA is a "bottom-up" process, meaning that themes were generated from that data, rather than using a pre-existing theory to identify themes. In IPA, meaning is considered central to analysis and the researcher attempts to understand the context and complexity of those meanings. In order to capture and do justice to the meanings of the participants, the researcher must have a sustained engagement with the text (Smith & Osborn, 2003).

A transcriptionist transcribed the interview recordings with meticulous accuracy, recording not only the words spoken, but also pauses and speech dynamics. While the use of a transcriptionist increased the proficiency of the data analysis, I also checked all transcripts for accuracy and to allow further immersion with the data.

Individual case analysis. In keeping with IPA's idiographic commitment, each interview was analyzed in-depth individually before moving on to the next. First, each

transcript was read several times to get an overall feel for the data while I made note of any initial thoughts, observations, reflections, emotions, or questions in the left-hand margin. Special attention was paid to ways in which participants spoke, understood, and thought about the phenomenon.

Emergent themes. Next, low-level themes (often referred to as codes in other qualitative methods) were developed from the transcripts as well as my comments and observations, and were written in the right-hand margin. These low-level themes aimed to capture the essence of the data in concise phrases (Smith & Osborn, 2003). These themes corresponded to a slightly higher level of abstraction and typically invoked more psychological terminology.

Connecting themes. Low-level themes were then clustered into higher-order themes, which represent meaningful units of data that relate to the research question. This process involved looking for relationships, patterns, and connections among low-level themes. As themes emerged, the transcripts were checked to ensure the connections fit with the primary source material, and the actual words of the participants. This process involved using my own interpretative resources while also constantly checking my sense-making against what participants actually said (Smith & Osborn). The mere frequency of a theme did not necessarily mean that it should be selected as superordinate to, or more important than other themes. Instead, the richness of the text and how the theme informed other aspects of a participant's account were considered. Abstraction was used to connect themes. Abstraction entails grouping similar low-level together and developing a new name for the cluster. Analysis of emergent themes occurred at a case level for each participant before searching for patterns and connections among participants.

Cross case analysis. The next stage of analysis involved searching for themes that reflected the shared aspects of experience for all participants. As outlined by Smith, Jarman, and Osborn (1999), all clusters of themes previously identified for each of the participants were collected together and examined to see if any general categories could be created that aggregated themes across accounts. These themes were labelled as master themes (outlined in Table 2 of the Results section). Categories were kept relatively broad so as to be relevant to all participants. Once a shared theme had been identified, transcripts were re-examined to ensure that a complete corpus of data relating to that theme was available for examination, and that no extracts had been overlooked. The final collection of themes included four master themes, which represented shared higher-order qualities of subordinate themes.

Evaluating Quality

While quantitative methodologies have well-established and widely acknowledged criteria for judging quality (i.e., adequate sample size, balanced design, reliable measures, appropriate statistical analyses), qualitative methodologies are still in their infancy, and thus their evaluation of quality is not as explicitly delineated (Yardley, 2000). Part of the reason for this is that different qualitative approaches have their roots in different philosophies, and therefore can vary significantly from one another, in terms of their philosophical and theoretical underpinnings. Nonetheless, it is important to provide a framework from which the current research may be evaluated. Although different standards for assessing the quality of qualitative research are available (Howe & Eisenhardt, 1990; Lincoln, 1995), I have employed the standards outlined by Yardley (2000), who offers four broad principles: sensitivity to context; commitment and rigor;

transparency and coherence; and impact and importance. Smith (2011) contends that Yardley's (2000) document is a good framework for evaluating qualitative research.

Sensitivity to context. Context in a qualitative study could refer to context of theory, the understanding of previous investigations, awareness of the relevant literature, and the philosophical assumptions of the method employed. These aspects are important because many qualitative methods attempt to link the particular to the abstract, and to the work of others. Furthermore, because language, social interaction, and culture are central to meaning and function of phenomena in qualitative research, awareness to the socio-cultural setting of the study is equally important (i.e., the normative, ideological historical, linguistic, and socioeconomic influences on the beliefs of participants and researchers). Finally, the social context, or relationship between the investigator and the participants can be critical. In qualitative research, speech can be influenced by the effects of the listener (Leudar & Antaki, 1996). This means that the listener contributes to what is said, through their verbal and non-verbal input, as well as by actively or passively invoking speech through their actions and characteristics (e.g., gender, status, age).

In the current study, I have endeavoured to demonstrate sensitivity to context through the theory provided in the Literature Review section, by outlining in detail my methodological approach, providing details about the sample chosen, and through the manner in which I collected and analyzed my data. For instance, I paid attention to issues of power between myself and the participants, was highly aware of ethical issues, and considered my interactions with participants during the interviews. I have aimed to demonstrate sensitivity to the data by conducting and describing an in-depth analysis and providing verbatim extracts from interviews.

Commitment and rigor. Commitment involves prolonged engagement with the topic, the development of competence and skill in the methods used, and immersion in the data (Yardley, 2000). Rigor refers to the resulting completeness of the data collection and analysis by contemplating and exploring the data in order to transcend superficial, common sense understandings (Yardley).

I have aimed to establish commitment through preparations prior to undertaking this study including completing course work on qualitative research, reading on IPA, consulting with my supervisory committee, and through gaining prior experience in qualitative data collection and analysis. Within my coursework, I gained an overall understanding of various theoretical perspectives, principles, processes, and methods within qualitative research. This knowledge helped inform my decision to choose IPA in order to best answer my research question. In addition, I have immersed myself in the data, and attempted to outline this in my methodology section.

Beyond adhering to the criteria that makes a credible qualitative study, several procedures helped me to establish trustworthiness in the data. First, interviews aimed to elicit rich descriptions from participants in order to ensure that the essence of benefitting from therapy in unanticipated ways was captured. Rich descriptions were obtained by asking participants to provide as much detail as possible, and by asking follow-up questions.

Second, findings were reviewed by, and discussed with, my dissertation supervisor. This review provides credibility to the analysis by ensuring themes are robust and meaningful.

Third, a clear audit trail ensures that all data can be verified and decisions made during data analysis can be clearly supported. The audit trail consists of documenting all codes and themes, and keeping organized records of all interviews, transcripts, and analysis decisions.

Finally, thick, rich descriptions are included in my write-up of findings. This allows for transparency of how themes fit the data and allows the reader to better understand participant experiences.

Transparency and coherence. Transparency and coherence can be achieved when the writing is clear, engaging, and reflects the complexities that exist in real life (Creswell, 2013). In other words, the writing is persuasive and descriptive. Transparency can be achieved by detailing the aspects of data collection, and analysis. In addition, it is important for the researcher to be reflexive or, in other words, to discuss his or her own backgrounds, experiences, or motivations, which led them to undertake the investigation.

Coherence describes the “fit” between the research question and the philosophical perspective adopted, and the method of investigation and analysis used. To this end, I have worked to provide a clear and coherent descriptions of participants’ experiences, while also noting the complexities and inconsistencies in their experiences. In addition, I have written a section on reflexivity to outline my own background, experiences, and motivations for undertaking the current study.

Impact and importance. Qualitative research should be important and useful; the ideas put forward by the researcher should have influence on the beliefs and actions of others. However, there may be varieties of usefulness, and the value should be addressed in relation to the objectives of the analysis, the applications it was intended for, and the

community for whom findings were deemed relevant (Yardley, 2000). Some research findings are important simply because they present a novel, challenging perspective or a new way of understanding a topic, rather than because they are a complete and accurate description of a phenomenon. Additionally, qualitative research is concerned with its socio-cultural impact as opposed to quantitative research that remains scientifically "objective." In order to address impact and importance I have endeavoured to write a discussion section that explores the relevance and importance of the current findings and aims to situate these findings within the current social context.

In addition to Yardley's guidelines, Smith (2011) notes that good IPA reports should: (a) have a clear focus by presenting a more narrow versus broad investigation; (b) contain strong data derived from good interviews; (c) have strongly developed themes with extracts from participants; (d) be interpretative, not just descriptive; (e) be both convergent and divergent in that the analysis should demonstrate the patterns of similarities among participants, as well as the uniqueness of the individual experience; and (f) be carefully written so as the reader can learn, in detail, about the participants' experience of the phenomenon under investigation. In the current report, Smith's criteria have been carefully considered. Attempts have been made starting from the inception of the focus of the study, to the analysis of the data, and the writing of the results, to maintain these standards.

Nutt Williams and Morrow (2009) also stipulate that qualitative psychotherapy research should be purposeful and address at least one of the five following areas: (1) improving psychotherapy process or outcomes for individuals or groups; (2) revealing limitations in current therapeutic or methodological approaches; (3) encouraging further

dialogue on important topics to psychotherapy researchers, clinicians, or clients; (4) suggesting a new course of action for psychotherapy process or research; and (5) contributing to social justice. The current study targets both improvements in psychotherapy process and outcomes, and aims to encourage further dialogue among clinicians and researchers about how the benefits of psychotherapy can extend beyond the resolution of targeted problems.

Self-reflexivity. Researcher reflexivity ensures that my position, biases, and personal experiences related to counselling are identified. Holloway (1997) argues that interpretive research needs to be reflexive because in interpretive research knowledge is seen as a social and cultural construction. Hence, the researcher needs to take into account how their assumptions and views impact the research process and products. Reflexivity implies that subjectivity is not suspended, but that the researcher's interpretive framework is acknowledged consciously as the basis for understanding (Levy, 2003). I have attempted to achieve this reflexivity by making my position explicit so that readers will be better able to interpret the results. At the same time, by stating potential biases and past experiences, I am more able to step outside of my position and be more open to the experiences of participants.

I have conducted this study for the purpose of completing my doctoral dissertation in Counselling Psychology within the department of Educational Psychology at the University of Alberta. The secondary purpose of this research is for it to be published in a peer-reviewed journal of counselling or qualitative psychology. I am a 34-year-old, female Caucasian-Canadian who is married, with an infant. I hold a master's degree in Counselling Psychology from the University of Alberta and am a Registered Psychologist

through the College of Alberta Psychologists. I have worked throughout my graduate training in the area of counselling psychology as well as in a private practice setting. My interest in the present topic stems from my experiences where it has appeared to me that clients can sometimes benefit from therapy in more ways than were targeted during the course of therapy. In reviewing the literature on this topic I found that little research had been conducted in this area, yet there was a call to better understand the client's role in their change process and to better understand the factors that contribute to effective psychotherapy.

With regard to theoretical orientation, I have a humanistic base when working with clients but am integrative in that I will draw on techniques from cognitive-behavioural therapy, emotion-focused therapy, and systemic approaches.

In terms of conducting qualitative research, I have worked as a research assistant on qualitative studies, have taken courses in qualitative research, and have read extensively on the interpretative phenomenological analysis approach. I have also consulted with my supervisory committee, and practiced qualitative interviewing with peers.

By gaining a better understanding of how some people have changed through the process of psychotherapy, my hope is that we may better understand how psychotherapy works, and that we may more effectively help future clients.

Ethical Considerations

Prior to commencing this study, ethics approval was obtained from the University of Alberta's Research Ethics Board. This process ensures that the research project meets the requirements of the Tri-Council Policy Statement regarding ethical conduct of

research involving humans, as well as provincial, federal, and other legislation regulations (University of Alberta Research Ethics Office, 2013).

Due to the nature of the research questions, it was not anticipated that participants should incur any physical, mental, social, or legal harm. However, should discussing past counselling experiences have brought up any issues that participants wanted to address further, I was prepared with a list of resources where participants could seek further counselling. It was anticipated that participants might benefit from sharing their experiences of benefitting from therapy in that it may help to highlight their personal strengths and resources, as well as help them to focus on the positive changes that they have made. It has also been demonstrated that most clients regard participating in research as a valuable and important way to help other clients (Manthei, 2005).

In order to ensure that there were no conflicts of interest, only individuals whom I did not know and had not worked with were invited to participate in the study. Furthermore, no individual information was shared with the participants' clinicians or others working within the Education Clinic. In order to ensure that counsellors at the Education Clinic did not feel pressured to solicit their clients' participation, they were told that discussing participation with their clients was completely voluntary, and would not reflect on their own work or grades in any way.

Confidentiality and anonymity were ensured for participants. Pseudonyms were used for all participants and identifying information was removed from their transcripts. Electronic data was password-protected and kept in a secure office. Hard copy data was kept in a locked filing cabinet. To further ensure confidentiality, a confidentiality agreement was signed by the hired transcriptionist (Appendix H).

Chapter 4: Results

Overview

This chapter is divided into two parts. First, a brief introduction to the participants is provided in order to ground the findings in the context of those who experienced the phenomenon of benefitting from therapy in unanticipated ways. This introduction is further meant to present some detail on why participants initially attended therapy in order to provide a framework for understanding how therapy went beyond the scope of their initial problem or issue. The introductions are based on information provided by participants during their interviews.

The second part of this chapter details the themes that emerged as common to the experience of benefitting from therapy in unanticipated ways. Although each participant attended therapy for different reasons and sought different outcomes, common themes that cut across their experiences were identified. These themes are explained in detail and are supported by verbatim quotes from the transcripts.

In presenting verbatim extracts, some minor changes have been made in order to help readability. For example, stutters, or utterances such as “um” have been removed. I have also removed and/or altered any information that could identify a participant, in order to maintain their confidentiality. Altered information is presented in parentheses. Missing material is indicated by dotted lines (…). Dotted lines at the beginning or end of an extract indicate that the person was talking before and/or after the extract. Periodically words have been added in brackets to provide context from earlier statements.

In keeping with the interpretative stance of IPA this analysis accounts for only one interpretation of the participants’ experiences and themes were selected due to their

relevance to the research question. Not every aspect of every participant's experience is covered, and other researchers may have focused on different aspects of their accounts of benefitting from therapy in unanticipated ways.

Introduction to Participants

Kylie. "Kylie" is an 18-year-old female who identified as being a student at the time of her interview. She had attended therapy once previously, but noted it was her latest therapy experience where she benefitted in unanticipated ways. Kylie reported that she initially attended therapy with a couple of goals. One was to work on school-related anxiety. She reported having trouble with exams and wanted to gain direction for what to pursue after having graduated high school. Kylie's second goal was to work on issues related to her relationship with her father, whom she described as a difficult person. She attended approximately 20 counselling sessions with a female therapist at the Education Clinic.

Steven. "Steven" is a 20-year-old male who also reported having attended therapy previously. Like Kylie, however, he identified that it was his most recent experience in therapy where he benefitted in unanticipated ways. Steven stated that his initial goal for therapy was to gain techniques to help manage his anxiety, which he identified having struggled with for as long as he can remember. He remarked that at the time he started therapy his anxiety was not especially bothersome, but that he hoped to be able to gain techniques to help "nip it in the bud." Steven attended approximately 30 counselling sessions with a female therapist at the Education Clinic. He identified as being a university student at the time of the interview.

Adam. "Adam" is a 23-year-old male, employed in the trades. He identified his recent experience in therapy as his first. He stated that his initial reason for attending therapy was to work on his depression. Adam noted that he had resolved much of his depression on his own, but was seeking support in overcoming areas in which he felt he was "stuck." He hoped to gain tools to function better in "day-to-day life," and continue to move past his depression, which sometimes affected his work or relationships. He attended approximately 11 sessions with a female therapist.

Abby. "Abby" identified as a 27-year-old student, mother, and wife. She reported having had two rounds of therapy with different therapists, at the student counselling centre on the University of Alberta campus. Abby stated that both of her experiences in therapy contributed to unanticipated benefits, and was therefore encouraged to share both of these experiences during her interview. She explained that she first attended therapy at the recommendation of her academic Chair, who was concerned with her academic performance and suggested a mental-health component may be contributing to her struggles. She described her initial goal for therapy as being to help with her academic performance because she was faced with potentially having to withdraw from her PhD program. She reported that during that time she realized that being an international student from China and feeling lonely and isolated contributed to her struggles. Abby stated that she attended therapy a second time for similar reasons related to academics, as well as facing challenges around becoming a new mother. She reported that in her more recent course of therapy she attended approximately 8 sessions with a female therapist.

Grace. "Grace" is a 19-year-old female university student. She reported that she attended therapy at the University of Alberta's student counselling centre, and that this

was her first therapy experience. She was initially referred to the counselling centre by a dietician whom she had seen concerning issues related to her physical appearance that were affecting her self-confidence. Grace stated that once at the counselling centre, in addition to wanting to improve her self-confidence, she also identified wanting to work on some family issues. Grace attended approximately 7 counselling sessions with a female therapist.

Danny. "Danny" is a 44-year-old married male who did not specify any type of employment at the time of the interview. He reported having attended therapy previously and found it to be highly beneficial. For the purposes of the interview, however, he focused on having benefitted in unanticipated ways from his most recent therapy experience. Danny explained that he initially attended therapy to work on issues, related to having a brain injury, that had "built up" over time, as well as some legal troubles he had recently experienced. He explained that these issues contributed to overall feelings of anger and sadness. Danny attended approximately 13 sessions with a female clinician at the Education Clinic.

Themes

From the accounts of the six participants who reported benefitting from therapy in unanticipated ways, four master themes emerged:

1. *Having a supportive therapeutic relationship*
2. *Growing*
3. *Engaging more in life*
4. *Going beyond the problem*

Exploration of these themes and their accompanying subordinate themes (Table 2) will form the basis of this chapter. Each theme will be described and supported with verbatim text from the transcripts.

Table 2

Master Themes and Subordinate Themes Generated From Participant Interviews

Master Themes	**Subordinate Themes**
Having a supportive therapeutic relationship	Having a therapist with person-centered qualities
	Receiving guidance from the therapist
Growing	Learning and gaining insight
	Becoming more capable and confident
	Increasing emotional wellbeing
Engaging more in life	Connecting more with others
	Taking risks
	Participating in more activities
Going beyond the problem	Experiencing "life changing" benefits
	Surpassing initial expectations
	Spreading the benefits of therapy to others

Theme 1: Having a supportive therapeutic relationship. The master theme, *Having a supportive therapeutic relationship,* emerged from the ways in which participants discussed the role of their therapists as a critical part of benefitting from

therapy in unanticipated ways. Participants identified both helpful qualities of their therapists, as well as receiving guidance and advice from their therapists, as important to their experience of benefitting from therapy in unanticipated ways.

Having a therapist with person-centered qualities. Each participant described their therapist as having specific qualities or personal characteristics that contributed to their experience of benefitting from therapy in unanticipated ways. These qualities included perceiving their therapists as caring, encouraging, honest, empathetic, non-judgmental, and supportive, as well as feeling "heard" by their therapists. Participants also noted that they felt they could trust their therapists and that therefore therapy felt "safe." Together, these qualities can be described as *person-centered*, a term used by psychologists to describe those attributes originally outlined by Carl Rogers (1957) as critical to building a strong therapeutic relationship. He identified the importance of therapists being congruent and authentic, warm and non-judgmental, and genuinely empathic to the client's experience, and believed that when these conditions are present, that clients then have the ability to grow. Although participants were likely unfamiliar with this specific term, they each described qualities of their therapists consistent with the description of a person-centered therapist. Abby, for instance, expressed how she viewed her therapist as kind and also described how she benefitted from the empathy she received:

> [My therapist] was really nice and patient and understanding. So, you know, the thing is, I think, back to your question before, I think another factor in therapy that really [made] me want to try more or want to have those conversations is the sympathy expressed by the counsellor I talked to. When I single out this factor because, before I saw them I was really in this trap of blaming myself and, you

> know, really, I couldn't go out. Like, I couldn't really skip or jump out of this cycle of blaming myself for everything that went wrong in my life. But, I got [that] support and sympathy from them.

Like Abby, Steven made it clear that he felt not only supported in therapy, but that qualities his therapist possessed were facilitative in his being able to disclose what he needed:

> And she was very, she was the opposite of everything I was afraid of talking to people about. And like I've said, I still felt like an idiot saying a lot of these things but she was never judgmental, always attentive. She was very good at something that I've since learned through researching this, is attentive listening and knowing how to ask open ended question… But she never pushed and I don't think I ever said more than I wanted to say either here, so yeah, she was very good at striking that balance. And yeah, just making this a safe atmosphere.

Steven also identified the feeling of safety in discussing his interactions with his therapist, and picked out that she seemed very human, as opposed to clinical, or robotic:

> I would say I was very comfortable here and that at the very least even if I left the session and felt like I hadn't, if I felt like I didn't talk about what I wanted to talk about just 'cause of me or whatever, at the very least this was an hour a week where I could talk to someone who got it, didn't judge, made it comfortable. If it was appropriate, you know, she'd be more flippant and like, not flippant but you know, like, crack a joke but, you know, like, conversationally and professional[ly] … it feels like talking to a person, not like, you know, not someone in a white lab

coat, like, checking down, like, "oh that's interesting here's what you need for that."

Steven's account demonstrates the comfort he felt with his therapist and how being able to relate to her allowed him the safety to share what he needed in their sessions. Likewise, Adam identified the feeling of safety that he felt throughout therapy:

> … being able to go back and really walk through in a space where I felt extremely safe and comfortable to do that and to be able to go into that much detail and to know that it wasn't, nobody else was being affected but me.

He also elaborated on how having someone who was "objective" and there to "just listen" was helpful for his process:

> I guess, being in therapy I was able to like sort of talk through everything with an objective person who wasn't either emotional about these things or invested in me or threatened by things that have happened in the past. So I was kinda able to just work through everything and to have someone who was objective and able to just kinda listen and steer the conversation to where I needed to go instead of … to have someone either shoot down what you're saying or feel threatened or hurt or angry, scared … but was able to talk through everything and kind of understand like where fault was lying and just roles I had played and, to see all angles of what was going on and really understand what led to this depression and myself and just understanding emotion better.

The supportive listening that Adam described in his account was also echoed by Grace:

> But then after seeing a psychologist I realized, no, they're kind of there just to, there are different kinds of psychologists and the one I'm seeing is just there to listen to me talk, provide suggestions, kind of guide me through some problems so I don't have to deal with it on my own. [Interviewer: So it sounds like perhaps feeling supported?] Yeah, that's the word; supported … And then she's there for support, too. Like, I have her email so then if something happens I just send her a quick email just letting her know. And then she, I know that she'll respond and I wouldn't be bothering her with it. Yeah.

Adam's and Grace's accounts reflect the importance of feeling supported by their therapists and the impact this had on their being able to work through their problems. Their reflections provide the sense that this type of non-judgmental support may not be available from others in their lives, and thus is unique to their therapy experiences.

In addition to the support that some participants described, others, such as Danny highlighted the importance of the genuine attributes that his therapist brought to their interaction. He stated: "Yeah so when you come here it's someone that cares or someone that's interested in what you have to say…" He also commented on the mood of his therapist, and how that affected him:

> You guys are, it's you're always in a happy mood, seems to be, so it puts the person that you're dealing with in a happy mood and then the questions you ask happy and it just starts changing everything. So it's a good situation.

Danny's description reflects the importance of the personal qualities of the therapist that go beyond techniques or skills. For Kylie, feeling understood was important, and she compared her current experience to a previous experience where she saw a

therapist with whom she did not connect well. She stated that she appreciated the flexibility of her more recent therapist, and the fact that she felt she could "relate:" "Ah, she seemed really open to trying new things and researching things …. Like almost that she could kinda relate to certain things."

Receiving guidance from the therapist. This subordinate theme captured the ways in which participants described benefitting from the guidance they received from their therapists either through advice, suggestions, or questions. This subordinate theme was present for all participants, who noted that their therapists encouraged them to do certain activities, change their behaviours in specific ways, or more subtly directed them by the questions they asked. For example, Grace talked about receiving suggestions from her therapist as a routine part of their sessions, stating: "And with my psychologist, she, well she's there to listen. And she knows the entire story now and I think at the end of each session she kind of tells me, like, she gives me suggestions of what to do."

Likewise, Abby relayed that she received many suggestions from her therapist, some of which she found "shocking," though helpful. She described how her therapist approached her academic issues in a different way than she would have expected, noting that instead of focusing on and discussing school, her therapist encouraged her to have more balance in her life. The following excerpt exemplifies how Abby was surprised by her therapist's suggestions:

> They give very, very nice suggestions which can be shocking to know sometimes. And many times I think, you know, they give really wise observations I wasn't aware of many times. So, like the counsellor I mentioned, she gave me this

> suggestion which seemed irrelevant to my topic but it did help. Like, in a long-term way for sure.

Abby also shared some of the specific suggestions that she received from her therapist, reflecting that her therapist encouraged her to become more social, engage in physical activity, and work on her relationships. She referred to the way her therapist discussed setting aside specific times for these activities, as opposed to focusing so strongly on academics. Abby noted the impact of these suggestions, stating that they "left an impression on my mind at that time…" Despite her surprise at her therapist's approach, Abby identified her appreciation for the suggestions or "solutions" that she received:

> [My therapist] gave a lot of suggestions of what I should do or you know, not a lot, but several kind of very concise but quite impressive suggestions or observations about myself, about my life and, you know, solutions as well.

Similarly, Kylie identified certain instances where her therapist provided her with direct advice. In one instance, she encouraged Kylie to take action towards applying for school, while in another she provided suggestions on how to communicate with a difficult individual. Kylie identified that receiving this guidance was helpful, especially since it led her to enrol in a school program where she was currently thriving. Kylie identified that part of how she benefitted from therapy was having someone guide her to where she needed to go.

For some participants, the process of receiving guidance was linked to viewing their therapist as credible. Danny identified his appreciation for the expertise of his

therapist, stating that therapists "know the answers" and shared his belief that therapists are "trained to straighten people out":

> So that's the biggest, is talk to somebody, someone you can talk to that knows the answer, asks the right questions and knows how to deal with the answers. It's not talking to your mother or your wife that won't (laughs) give you the right answers or the answers that will help or the questions that will help. So it's a different, different situation that's for sure …. You guys are trained to straighten out people that have problems so they can think about the problems, but think about the problems happily or not so sadly I guess.

In Danny's account, as well as for the other participants, there was an expressed trust in the abilities and competencies of psychotherapists, which contributed to the participants' willingness to accept their therapists' guidance or suggestions. Although Steven and Adam did not provide any concrete examples of receiving specific advice, their stories pointed towards the ways in which they were guided through the process of therapy. For example, Steven identified that he perceived his therapist as "talented" and "experienced" which led to greater trust in her abilities. He noted how because of her approach, she was able to "draw out" what was needed from him. This idea was exemplified when Steven identified her ability to ask the right questions:

> [My therapist] was very, very good at making me feel comfortable enough and helping, and providing that incentive almost to, you know, it's easier to ask a question or answer a question than it is just to say something, so she was very good at sort of drawing that out, what I needed to say and what I wanted to say.

Like Steven, Adam reported on how his therapist's questions were an important way in which he was guided in therapy. He described how one question in particular led him to closely examine his life and his way of dealing with issues, noting specifically how that question fuelled his growth and change: "Just like all from just this one question kinda asked, just to like wrap up the session and it completely just turned everything upside down, gave me a go point." Adam further described how he saw therapy as a "process" and stated that his therapist helped guide him through his past and through difficult emotions.

Summary of theme 1. Participants reported that having a supportive therapeutic relationship was significant to their experience of benefitting from therapy in unanticipated ways. Each participant identified their therapist as having qualities that they found helpful to their therapeutic process, and reflected on how these qualities allowed them to feel safe and supported in therapy. Participants felt heard, and cared for, and saw their therapists as kind and willing to help. Their reflections outlined how these therapeutic qualities contributed to their growth and success in therapy.

Participants also identified that it was helpful to receive guidance from their therapists, reflecting the ways in which their therapists provided suggestions, advice, or asked thought-provoking questions. Participants indicated that they viewed their therapists as experts and therefore trusted the guidance that was offered. Overall, the therapeutic relationship was acknowledged as a key element that contributed to the successes that participants gained from therapy.

Theme 2: Growing. The second master theme, *growing*, captures how participants described their experiences of the outcomes of therapy in terms of personal

growth. Participants reported growing in a number of ways, including *learning and gaining insight*, *becoming more capable and confident*, and *improving emotional wellbeing.* Although growth may be expected to occur in therapy, participants conveyed a sense of growing *beyond* their expectations, and changing in ways that they did not imagine possible. For instance, Adam's report highlights how although he expected to gain "tools," he did not expect the impact that they would have:

> I learned so much just being in this chair or the same chair in every other room. It was just a wild ride every week. Yeah but definitely I just didn't expect to gain certain tools right. I knew I was going to gain tools, but I didn't know how much it'd impact my life.

The subordinate themes are presented below and exemplify the ways in which participants benefitted from therapy by *growing*.

Learning and gaining insight. This subordinate theme includes how participants benefitted from learning, making realizations, and gaining insight into their issues and lives. All of the participants exemplified this theme, demonstrating its importance to the question of how clients benefit from therapy in unanticipated ways. Whether learning specific skills such as relaxation techniques, or gaining a deeper understanding of their thoughts and emotions, each participant was able to describe ways in which they learned to not only deal with their problematic issues, but also gain greater self-understanding. Grace mentioned making numerous "realizations" throughout therapy and learning specific skills related to communication. Although Grace's initial reason for attending therapy was to work on her self-confidence and family issues, she reported that through

the process of learning to talk with her therapist, she learned to improve her communication with others in her life as well:

> But now I realize the importance of talking about it. Just by like talking with my psychologist I realize talking about it makes it better. Just brushing it under the rug is not going to help anybody …. Like I know before when I talked to her, I talked to her about something bad or a sad story I'd start crying but then as I kept going I realized I can talk about it without getting too emotional. And I can communicate my thoughts more clearly now. And so I kind of relate that back to my life if something's happening and my boyfriend, or he does something I don't like I just say, "Oh, just let him know," and then we just talk about it right there and then less problems now.

Grace also discussed becoming more appreciative and learning how much her grandfather cared for her. She noted that this was an unanticipated benefit from therapy, and became emotional as she described this realization, demonstrating its significance to her:

> 'Cause I think I started to realize though how much (gets emotional), how much he really cares for me. So that appreciation, that's the first one, that's the one I'm really, really glad [I got] out of therapy. Even though I was aiming for more confidence, I think appreciation is more important to me. It's more important to me and then communication. And then those two things I kinda developed or leads up to more self-confidence.

Additionally, Grace stated that her "whole character had grown," illustrating that her change was not contained to her specific goals for therapy, but was all-encompassing.

She described this growth as a change in her character, and learning to think differently about her problems:

> And I think my character has really, like, grown over the past couple of years, or over the past year …. My character has changed a lot. And I think, my boyfriend, too, I think, before with all those (health) problems I would always be really, like, sad when I was around him. And then he would see how sad I was, it would make him sad. But then now even if my (health) does get bad I'm, like, okay, it will go away… it's not the end of the world, Grace. You have other things in your life. You gotta, you can look forward to.

Similarly, Adam described how the skills he learned in therapy "changed everything" and how every therapy session provided a "new lesson" or "outlook." Though Adam initially attended therapy wanting to work on his depression, he described the growth that occurred throughout therapy as sessions building upon one another:

> You have those sessions where you're like wow this changes my entire outlook on this situation, but no, every week is a new lesson for yourself; a new something gained. New outlook, or a new and I guess as you're going through those different focuses in therapy you're gaining you know every one is like, "Wow this was the biggest one. Wow this was the biggest one." And when you get to the end you're like wow I really needed all those to get here.

Adam also identified that therapy was like a period of "accelerated personal growth," as opposed to the "slow growth" he experienced on his own, before therapy. Steven echoed this idea, describing being able to grow "for the first time in the direction I wanted to go in:"

> I feel more hopeful, I feel like I've grown. That's the word I was looking for this whole time. And I've never felt like I've grown. I've never felt growth. And it's hard to accept. It's hard to recognize. But I am feeling it and so that's, yeah, that's very significant …. And, to realize that this is growth that I wanted, that I directed. That I've grown, I'm a different person than I was at thirteen, fourteen, fifteen. You know, I'm learning things. I'm always learning things. I never felt like they're things that I wanted to learn but I'm always learning things. But this is the first time that I've felt like, and honestly, like I've said, everything is still in its infancy even though I feel like these impacts have, are hugely significant and will continue to be hugely significant, it still doesn't, it still feels like I've moved an inch from where I was. But my entire life every time I moved I had no control over where, that direction and it could be a foot or a meter or an inch or not at all but this is the first time in my life that I feel like I put my foot down and went an inch in the right direction, in the direction I wanted to go.

Steven's account reflects his experience of growth feeling new for him, and that despite the fact that his gains may be in their "infancy," that he feels a sense of empowerment by being able to direct his growth in the direction he wants to go. Similar to the other participants, the growth Steven described extended beyond his initial goal for therapy of wanting tools to manage his anxiety. Abby also described learning in therapy, specifically about how to navigate a difficult relationship that was causing her hardship. She described how the process of doing so was "surprising" for her:

> So the focus shifted from my complaints about our relationship to self-building, you know, and then kind of focused more on myself. And kind of controlling

> myself and using some techniques to reinforce positive thinking and to get rid of, or reduce negative thoughts …. So it kind of helped me as well, I think, in some surprising ways.

Abby also described how she learned that her academic issues may have been related to depression, and how this led to further learning on her own about psychology and mental health:

> I even began to be really interested in psychology myself. So I read up all the books on psychology and I kind of tried to know myself better and I solve and dig out the roots of all those, mental health issues that people like me or, unlike me, may face. So that was really instructive.

Finally, in discussing the value of the experience of benefitting from therapy in unanticipated ways, both Kylie and Danny reflected on the skills that they learned in therapy. Kylie described gaining coping skills and learning how to deal with difficult people in a different way, while Danny detailed that he learned to change his thinking, and look at things in a more positive way.

Becoming more capable and confident. Five of the six participants discussed becoming more capable and confident as a benefit of therapy, regardless of their initial goal or reason for attending therapy. Kylie, for instance stated simply, “I would just say like I’m more confident with things that I do.” Although her initial goals for therapy were to work on academic planning and family issues, she shared how her confidence had changed:

> I don’t feel as nervous. Like when I was looking for a job I would feel nervous giving my resumé which I know taints my, like they don’t want someone that’s

> nervous kinda thing, they don't wanna hire people like that. And actually my employer hired me on the spot because he said that I notice your confidence, I notice your walk and, and yeah so it's, it's changed my attitude.

Kylie also remarked that her posture had changed, stating: "the way I walk I guess I don't feel is like slouchy." She also exemplified becoming more confident by becoming less reliant on others:

> I used to depend on my friends for a lot of emotional support. Like I used to say, "Oh what do you think about this, like do you think I should do this or do you think that I should go to the mall today" or something like that, like just really silly things. I used to just ask them all the time and now I make my own decisions about things.

Likewise, Grace also discussed evidence of her newfound confidence, reflecting that she speaks more confidently now and is less concerned with how she is perceived by others. While Grace was the only participant who identified wanting to work on confidence at the outset of therapy, this goal was primarily targeted towards her body-image. The confidence that she gained, however, surpassed her initial goal, as she described feeling more confident in general:

> When I'm with my family or with my friends I'm more calm, I know that, I know that when I speak I deliver myself more confidently, I feel more confident when I talk. Instead of saying, oh this or like, talking quietly or just talk, make a fool out of yourself, it's okay.

Abby also expressed that gaining confidence was a way in which she benefitted from therapy, noting that she now has the confidence to make friends in the future.

Similarly, both Adam's and Steven's accounts powerfully indicated the unanticipated benefit of feeling more confident and capable after therapy. For instance, when asked what feelings have accompanied the experience of receiving unanticipated benefits from therapy, Adam replied:

> Ah, confidence. I don't know like confidence, calm, yeah. Like just every situation …. I'm able to be confident in my ability to handle that situation and even that fear like to work through it all. Handle that. Not handle it, but work through it and just [be] myself, I don't need someone else to talk to, to be able to sit down or be there and be in the moment and deal with that emotion and move on and continue a discussion without that emotion driving it. That's huge. Yeah definitely the confidence.

He further elaborated on how the confidence he gained in turn brings him a sense of calm, which allows him to feel more capable in the moment:

> I have that sense that confidence brings me like a peace that I know regardless of how crazy everything is that I'll get through it right and just that is a calming influence and allows me to really be in the moment right then and allow myself to feel those emotions.

Adam's description provides a distinct sense of someone who is now capable, confident, and able to handle the challenges that come his way. Likewise, Steven identified that gaining confidence was an unanticipated benefit that motivated him to get back into different activities and change his beliefs about what he is capable of:

> That's sort of an unanticipated benefit that I'm trying to get back into that. I did assume when I started I would never get back into (type of acting) and now I found it, myself capable of getting back into that, to an extent.

He further described how his confidence is starting to change, and affect multiple aspects of his life:

> I'm starting to believe that maybe that's something I can, like, before, music means so much to me that it was almost like I didn't want to do it because if I found out I wasn't good enough it would destroy me. And I'm starting to believe that well, maybe I can … actually write some songs and actually improve and get better … but even just in my mind I'm starting to change these routines, these sort of thought routines, and actually kind of believing that I am capable of positive change, in that the world is capable of positive change.

Steven's report reflects his change in attitude towards a belief in not only himself, but also the world around him. As he spoke, there was a sense that this confidence was affecting all areas of his life. For instance, he described his plans for the future:

> So now I'll have a part time job, I might have some money, I can move out and I feel more capable and confident in moving out whereas before even though there's a lot of stress I still live at home now…. So I felt more confident and capable of doing that.

Increasing emotional wellbeing. This subordinate theme captures participants' descriptions of experiencing emotional growth. For some, this meant increasing positive emotions or reducing negative emotions, while others found they were better able to manage or accept their emotions. Again, participants described how this emotional

growth surpassed their expectations of therapy, or what they thought possible for themselves. Kylie conveyed that therapy helped her to find “true happiness:”

> Ahm, I guess before I didn’t really know what happiness was. Like I kinda did, but didn’t know what true happiness was. [Interviewer: So you feel like now you found true happiness?] Yeah.

Kylie also identified that she was not expecting to feel much happier, stating: “I guess like I would just say I’m happier. I didn’t expect to be a lot happier. Like I expected to kinda feel different, but I didn’t expect to be this much happier.” Her description provided a sense that while Kylie was expecting for something to happen in therapy and to feel different in some way, her resulting happiness was unanticipated. Similarly, Danny reflected that therapy resulted in decreased anger and increased happiness:

> Happiness. Not as angry. Ahm, the anger. Like anger in all types of ways. Someone like, say someone getting in front of you or someone doing something wrong and you get angry, well just be happy and just step aside and get out of your way or you know, like just they have their own problems. It just makes you think of your life better. Not the worse. It’s not where you want to do things to end yours, you just want to go along in yours and be happy and do what you can do and be happy…. It just changed, it changes everything. And it just makes you feel better. It feels like everything’s organized. That’s the big part. It’s organized.

Danny’s account not only provides a sense of how he was able to change emotionally, but details how powerful that change was for him when he describes moving from feeling like ending his life, to feeling happy again. Grace also explained that she is able to be happier after attending therapy:

> I've been so much happier now. I know that at work whenever they play Pharrell's song, like, *Happy*, my coworkers and I we, if it's not busy we, (laughs) like, just sing it to each other and then we just do a little dance. And I, what's that word, don't take life too seriously, yeah, don't take life too seriously, was what I've been doing.

In addition, Grace described growing emotionally by learning how to better communicate her emotions, and talk about problems as they arise. She identified how previously she would sometimes become too upset to communicate with others, and end up crying. By contrast, she stated that she now feels capable of expressing herself and is open to difficult conversations, especially with her mother and boyfriend. Similar to Grace, Adam identified that he is now better able to handle emotions as they arise, rather than suppressing or ignoring his feelings:

> So it's just I guess, not being afraid to actually show and feel my emotions…. I mean before and for my entire life really when I say, somebody would do something that was I guess hurtful right, and I would be upset but I wouldn't show it. I wouldn't let myself feel it really…. Whereas now, if someone does something that makes me angry I'll try and work through that feeling by myself and not react emotionally and then I'll try to talk with them or just, like allow myself to go through those things and not suppress them and then in the end, when I look back I'm not having those emotions and I'm not reacting to things emotionally because of things that have happened and I'm able to just move on.

Adam's account suggests that he benefitted from therapy by learning how to deal with emotions as they arise, either by allowing himself to feel the emotions, or by being

open with others about what he is feeling. For Abby, emotional growth came by gaining "peace of mind." She described that while she expected "quick fixes" to her problems the true benefit of therapy was the feeling of peace that she attained:

> I think their significance is more long term. For sure, because I went there for some quick fix to my, you know, big crisis in life. They didn't give me really quick fixes, they gave me some but, those unanticipated effects all had to do with, you know, bigger things in life, right. So they really, I think, helped me achieve longer-term peace of mind. So that was really something I needed the most, actually.

Abby later outlined how learning about herself helped her to achieve this new state of mind: "I never knew who I was, who I am now. So she kind of let me explore who I can be, who I am, really. So that was really an eye-opening experience for me." Abby's description provides a sense of her growth as an individual; as she learns who she is, she is thereby able to become more sure of herself. Likewise, Steven reported learning to become more accepting of himself, including his anxiety, which freed him from the limitations of that anxiety. In turn, he noted that he was able to become more open and build friendships by actually sharing some of his issues related to anxiety with others.

Summary of theme 2. The theme *growing* was represented by participants through learning new ways of being, increasing their confidence, and improving their emotional wellbeing. Participants identified that the unanticipated aspects of growth were the *extent* to which they grew, and the ways in which they were changed. Although each participant identified expecting some sort of positive change to result from therapy, their accounts

reflected how these expectations were surpassed and the growth that they achieved significantly affected their lives.

There was a sense from participants that they grew to become more authentic and better able to be themselves. They identified feeling more secure in who they are, and more capable of managing challenges that come their way.

Theme 3: Engaging more in life. This master theme captures how participants became more engaged in life in several different ways. Participants described connecting and relating more with others, becoming increasingly willing to try new things and to take risks, and becoming more involved in their community, work, and activities.

Connecting more with others. All participants described how, regardless of their initial goal for therapy, they were better able to connect with others in their lives and improve their relationships. Participants described becoming more attuned to others, improving their communication, having more energy for relationships, and finding more ways to connect with friends and family members. Although a couple of participants initially had the goal of wanting to work on family issues or relationships in therapy, these participants expressed how not only were they better able to manage those targeted relationships, they became better connected and more social with others in their lives overall. For example, while part of the reason Kylie initially attended therapy was to address her difficult relationship with her father, incidentally she became increasingly social with others in her life as well:

> I used to be very introverted and I didn’t really talk to many people. I have a very close circle of three friends and my boyfriend and that’s about it…. But now, I

> talk to like a lot of people. Like in my classes there's fifty people and I have a lot of them on Facebook and I text a lot of them. So I guess I got more social.

Adam's experience of connecting more with others was far-reaching. He indicated that an unanticipated outcome of attending therapy is the way he now interacts with others, including strangers. He further noted that by changing his own behaviours, others have been affected as well:

> I mean it's affected everybody I interact with. And not just like my group, my small little circle of people I'm very close with but everybody. The way I meet someone on the street … before therapy it was more like avoiding contact, like, I don't really need to add anybody into what I have to already deal with. And now it's like, "Sweet, let's go for it."

Adam also provided an example of being able to be more present and open with those he may encounter casually, such as those working in customer service:

> And just that you know, noticing someone looking down and smiling you know, saying hi to somebody or interacting with other people that are working…just you know joking. I go to the (coffee shop) everyday for coffee and you know build a relationship with the people working there and before I probably would have been, probably just … you know and laughed off whatever they said and got my coffee and left. Whereas now I can, I joke and I'm just present.

He also described feeling more connected and authentic with his family, providing the sense that his improved connections with others are wide-reaching:

> My family isn't afraid to talk to me now, not afraid to, because I got pretty good at hiding my emotions, but you still slip up so they know and now it's just, I'm able

> to have a very open relationship and not have to feel like I'm hiding or pretending around my friends and family, like everybody. If I'm that happy go-lucky goofy guy, that's just who I am now instead of using it as a mask to hide things.

Danny also articulated how becoming happier through his work in therapy led him to have better connections with more positive people: "Where you have more joy, you have more friends or people you hang with instead of drunks and drugs and whatever lowlifes." He was also able to identify how his attitude change affected his relationships with others:

> So it changes everything and it just makes life better 'cause then you're happy, people are happy. You're sad, people are sad or they don't want anything to do with you so then you go find sad people to be with 'cause then you're on the same level. So it's if you want to put that in perspective it changes levels, it changes everything.

Danny also described being able to connect with his father, which was "new" for him:

> I didn't know how to quite ask him, but then one day we just went to go do something and I just started asking him these questions and it just opened a new door to something we've never talked about 'cause we don't have the same interests … 'cause my dad he's yeah we're totally different people. And it just brought us closer together which is kind of, now this is just actually just coming to me right now, this is, it brought us closer together which is a new, it's kind of a new feeling.

Likewise, Grace provided several examples of connecting better with her family members, including her grandfather, mother, and boyfriend. Although her initial goal for therapy was partly to work on "family issues" she identified that "appreciating others more" was an unanticipated outcome. She described her efforts to better connect with her grandfather:

> I appreciate my grandpa more…. Whenever we have family dinners at my grandpa's I always think, okay like, I look forward to going to them and I always try to talk to my grandpa more…. But I know I spend more time with my grandpa. It's one of the things that I'm glad my psychologist helped me realize.

Grace went on to share how her behaviours have changed in order to show greater appreciation to her mother:

> I know my mom … likes to go for massages so then at home every now and then I'll give her a foot massage just to kind of show that I appreciate all that she's done for me.

Grace also identified how learning to talk with her psychologist had transferred to other relationships, and led to improved communication with others. Similarly, Abby found that therapy helped improve her connections with others. She described the surprising outcome of building friendships and focusing more on family:

> And I became more open to, not to everyone, but to people I think I might befriend. So that was the thing. That was the most important thing I think I learned or I gained from the therapy. And it kind of also opened my world up. Like, before it was only about all my studies and courses and papers and, you know. So after

> the therapy I think, even when things didn't go well…. I was, like, you know, I still have my family, which really matters to me.

Describing her improved ability to focus on relationships as "the most important thing I learned or gained from therapy" exemplifies the importance of this unanticipated outcome for Abby. Similar to the other participants, her interpersonal relationships improved as a result of therapy. Finally, Steven described how, as a result of therapy, he not only developed much stronger friendships, but was able to help others:

> A lot of these people I'd kind of cut out even though I really, I'd valued them quite highly. So in overcoming that anxiety to the extent that I could start being around them as well as being more open about it, I've really developed much stronger friendships with these people … which is honestly something I'm incredibly happy about. And in being open about my anxiety, I've actually started to find myself in sort of helping roles with other people who are dealing with pretty much exactly the same thing I'm dealing with.

Steven attributed this ability to better connect with, and help others, to the in-depth conversations that he was able to have in therapy, stating:

> And I feel exclusively because of these, this sort of very in-depth conversation, yearlong conversation that I had, much more confident in being able to express these things. And I've since developed much deeper relationships with these people.

Taking risks. This subordinate theme addresses how participants were able to take risks by attempting new activities or behaviours. Kylie, for example, was adamant in her

identification that she was able to do things that she "never would have done" prior to therapy. Her words express her amazement at the changes that she recognized in herself:

> I've taken risks that I would have never have taken. I've been doing stuff I've never done, I would have never done … I would have never applied to (type of school), never. Like I would have thought it's never, it's never something that I would do.

The other participants were also able to recognize ways in which they were able to try things that seemed unlikely, if not impossible, prior to therapy. For instance, Grace provided an example of a risk she took in one of her classes, noting how therapy had allowed her to come out of her shell and engage in behaviours that she could not have imagined doing prior to therapy:

> I did more. I think my first presentation I was just standing there just reading. And then a couple weeks ago when I did my final presentation I incorporated like movement and a song, I sang a song. Which, if you asked me like a year ago if I would ever sing a song in front of my class I would have said no. I think seeing her opened my perspective a lot, try new things.

Grace's words "I sang a song," stand out in her account, providing emphasis to the risk that she took. Grace also discussed feeling freer with herself, allowing herself to appear "silly" and not worry as much about what others might think. Steven identified that having a therapist to speak with weekly provided him with the security to take risks that he would not have previously taken:

> Just having someone to talk to every week made it safe to go out and take risks that I would've never taken before because I could come and talk to someone about it for an hour afterwards.

His description demonstrates that he was able to take greater risks because he felt safe knowing that he would be able to attend therapy and talk about what he had done. Abby provided a specific example, identifying that she was able to take actions that she would not have previously considered:

> So we invited four friends over, we barely actually, I barely knew them at that time because we just met. So the four people are two couples, [and] all of them, I either didn't meet before the dinner party or I just met, like, a couple of times, actually. But it turned out we became really good friends.

Abby's description reflects her ability to take a chance to try something that not only had she not done previously, but where there was a risk of rejection. Interestingly, Abby was also willing to try things that, for her, seemed secondary to her goal of wanting to improve academically, demonstrating her trust in the process of therapy as well as her therapist. Adam also shared a story about how attending therapy allowed him to try something new, adding how his actions, in turn, have helped him to feel more positive:

> I was walking back to work and there was a little kid in a stroller and she had dropped her stuffed animal on the floor and the parents were dealing with their two kids so they couldn't pick it up and so I heard the mom say, "Just wait I'm dealing, we'll get it for you, it's not going anywhere." So it was pretty much on my way so all I did was like move over one set of tables and picked up the toy and gave it to her and was like, "there you go" and I walked away and the mom was

> like, "thank you." I was like, "I was here, no problem." But before therapy I probably would have just kept walking you know to avoid that possibility of the mom getting upset…. I probably would have just avoided the entire situation for fear of having more emotion to deal with whereas I thought that was a very positive experience and I felt great, you know, I helped somebody, sweet.

Like the other participants, Adam's account provides a sense that because of his work in therapy, he was able to engage differently in the world, and take a risk that he noted would have been too anxiety-provoking previously. Indeed, in all of the descriptions provided by participants, there was a sense of pride and accomplishment that they felt in being able to do new things and take risks that ultimately helped them to engage more in life.

Participating in more activities. This subordinate theme emerged from the way participants discussed participating in more activities, hobbies, and work, as a result of attending therapy. None of the participants spoke about having this as an initial goal or intention for therapy. However, Steven provided a good example of this phenomenon when he spoke about re-engaging in previously enjoyed activities as well as becoming more involved as a student on campus:

> I've been able to start doing the things in my life that I really valued but didn't feel like I was capable of doing before. (Type of instrument), because I didn't feel like I would ever be good enough to, you know, like I didn't play because when I played I felt that I was never getting any better and that was worse than not playing. So I'm, you know, that's changing and I'm fine, I'm getting back into (type of acting). And now I'm the student counsellor for (a student group). I have started volunteering on

> campus, got a lot more involved. I've been capable of, felt more capable of raising my GPA. I have been dreading the things that I've had to do less and less because I've been able to talk about that. Like, I had to go to a (type of) course this summer. It's something I've been putting off for three years because I've always been dreading it for anxiety reasons and being able to talk about that, eased that tension leading up to it. I did the (type of) workshop, I've been to a few (type of) summits.

Notably, Steven's increased participation in hobbies, and academic pursuits are extensive, and his description emphasized the changes he made since attending therapy. Similar to Steven, Grace also talked about re-engaging in previously enjoyed activities and hobbies that had been ignored:

> I'm doing my hobbies more now. I know first year even though all those problems were happening I didn't do my hobbies as much and I, after talking to her she's helped me realize, "Grace, you've got to enjoy life a bit more" …. I like to do artwork, photography. And I like music a lot, too. So I've been doing a lot more painting now and more sketching. And more photography and editing.

Grace also mentioned that she is able to "take more initiatives now," reporting that she recently volunteered to teach a grade five class about business. Abby discussed participating in more activities in a slightly different way, reporting on how she is now able to get more pleasure from friends and family, as opposed to simply focusing on school work:

> [My world] opened up compared to very enclosed and narrow world of studies. It at least opened up to other pleasant aspects like friendship, love, family things, and my baby, up until now. So, it kind of opened up.

Abby further described how her "world opening up" was a surprising and unanticipated outcome of therapy:

> But it helped in kind of unanticipated ways, like making more friends and kind of, focusing more on family and friends instead of focusing only on studies. So that was really, really surprising.

Adam exemplified this subordinate theme by describing how his "entire everything" improved as a result of his experience in therapy, mentioning that his home life, relationships, and work ethic improved as a result of his experience in therapy. He elaborated on becoming more engaged at work, conveying his new found investment and involvement:

> Well with work definitely, like I find my production is far better I guess because I won't have those moments where like the depression really, how I dealt with emotions was like shutting down kinda like, "Right, don't feel anything, just recluse and get away from everything." So at work I [took] lots of sick days because I couldn't get the motivation to go in to work and when I was at work I would suffer because I would be in this shell right, like hidden away and now like I'm really invested and involved and I don't miss nearly as much obviously now and I'm able to really kinda enjoy my days more, and interact with people and yeah it's more enjoyable as a whole my days.

Likewise, Kylie expressed how she gained motivation for her academic pursuits, describing how she initially felt "hopeless" about her school prospects, but after being accepted into a program she enjoys, is now thriving. She explained that the encouragement of her therapist helped with her motivation to apply to, and attend school,

and shared how this motivation has propelled her: "I don't know, I've kinda taken that idea and I've ran with it and I'm doing really well. Like I have a four or a three point nine GPA and I'm doing like really well with it so I didn't expect to do that."

Summary of theme 3. Whether becoming more involved in various activities, connecting more with others, or being able to try new things and take risks, each participant conveyed how they became more engaged in life. None of the participants had initially identified this as a specific goal for therapy, but rather recognized these benefits as unanticipated outcomes.

Participants conveyed a sense of becoming more present and alive. Connecting more with others and increasing their participation in activities, work, or hobbies served to curtail aspects of withdrawal or isolation, and instead fostered a greater sense of belonging and connectivity.

Theme 4: Going beyond the problem. This master theme aims to capture the impact that participants reported therapy having on their lives. It highlights the way in which participants described their lives changing, as well as their surprise at the magnitude of the benefits they received. Encompassed in this theme is also the effect of how, after experiencing such significant benefits, participants identified a desire to have others benefit from therapy as well.

Experiencing "life changing" benefits. This subordinate theme emerged as participants discussed the significance and meaning that came from the benefits they received from therapy. Although each participant received different benefits from their experiences in therapy, a common theme was the extent of these gains. Some participants expressed that therapy was nothing short of "life changing" or "life saving," while others

provided examples of the extensive impact that therapy had had on their lives. In each case, there was a sense that therapy went well beyond the participants' initial goals for therapy, resulting in benefits much greater than they might have expected. This theme was exemplified when Kylie was asked during her interview what she would say the significance of her experience in therapy had been, and she confidently and concisely replied, "Life changing." She went on to share how despite her goal for therapy being to work on family issues and explore career options (which were, in fact, resolved in therapy), she also experienced significant changes to her physical health:

> I feel it physically, like I don't get the backaches anymore, I stopped going to physical therapy. I was on some really heavy headache medicine and I completely went off that and I actually ended up having to take melatonin every night…. And I ended up not taking those anymore, like at first I had, I was at five milligrams and then I switched to three milligrams and then I completely went off of it. [Interviewer: Wow. That's a pretty huge change there too, all the physical symptoms. What's that been like for you?] Ahm, well I guess I've been taking most of those for about two or three years so I almost felt dependent on them. And the headache medicine I've been taking since I've been twelve; I've been taking that for a long time. And I felt so dependent. I thought I needed them. And I really didn't. Yeah so it felt really weird. [Interviewer: So now you're not taking anything.] Anything at all.

Kylie's account reflects not only the impressiveness of eliminating long-standing chronic pain, but a sense of achievement or pride that she felt. Steven also described therapy as life changing when asked about the significance of his experience in therapy,

stating: "I would say nothing less than it's changed my life." He then alluded to the fact that therapy may have had also had a "life saving" component, providing him with reassurance when going through tough times:

> And you'll feel great when you come out. You'll feel like the weight of the world's been lifted off your shoulders. And, yeah, maybe it'll slowly reassert itself over the course of the week but you'll have a couple hours a week where you feel great and, you know what, when you're miserable, a couple of hours a week might save your life. Honestly, like I don't want to say I've been suicidal over the course of these past three years but I know enough to relate and know that it could be Wednesday and you could be feeling so down that that is the point that you're at, but if at that moment you think, but you know, next Tuesday I'm going to go have a session with whoever and we're going to talk and I'm gonna feel really good for an hour and maybe really good for another hour afterwards that could be enough.

Steven provided a further sense of how impactful therapy was for him when he responded to a question regarding the significance of receiving unanticipated benefits from therapy:

> It's definitely changed me in that I, for the first time in my life, and I don't even think I could put words to maybe how significant this is. For the first time in my life I can look back on myself a year ago and say I'm different, probably more mature…. I feel more hopeful, I feel like I've grown.

Like Steven, Adam's account suggests that he struggled in some way to put words to the impact of his experience. When asked about what the significance of benefitting from therapy in unanticipated positive ways had been for him, he stated:

> Immense. Wow. Like what I said before it completely changed. Like I mean, you know even though they were unanticipated they really were the catalyst for changing me, so they were just really extremely significant to what I wasn't looking for, the changes that I've experienced. They were what caused it, was the unanticipated outcomes. Yeah I'm not sure how I could say that better. It just kinda like all of the, everything I've said basically is the, the change I got out of therapy was the greatest ones, or the biggest ones were these unanticipated ones. It was so much more than I had hoped for so… These were the big outcome of my, the unanticipated ones were the big outcome from my therapy so it's like the most significant thing that probably ever happened to me. [Interviewer: Wow that's a big statement; the most significant thing that's ever happened.] Yeah. That's right. Biggest changes in therapy were just, it changed everything so. I can't, I don't how I can say it (laughs).

Adam's report that therapy was the "most significant thing that probably ever happened to me" provides a sense of the value he attributes to his therapy experience. Danny also expressed the impact of his experience in therapy, describing it as "life saving." He reported how for him, there comes a point where the only way to cope is to consider suicide, or to attend therapy:

> To help resolve these problems or straighten them out, to deal with them 'cause they all build up and we don't know what to do with them or how to deal with them and the one thing I've found is you always think of, there's only way to deal with it and that's usually to commit suicide. And I've seen that, and I've known lots of people, I went to school with, that have commit suicide, but so it just seems

> that everything builds up for me. And I don't know how to deal with it and no one has any way to help me deal with it except here.

Danny, like Steven and Adam, also expressed how the benefits he received from therapy were so immense that they were almost too difficult to put to words:

> Well it makes your life better, that's the biggest role isn't it. It just changes your life, changes if from sad, and bad or mad to good and happy and joyful…. Like it's life changing. I don't know how to quite explain … it takes it back to life changing.

Danny further expressed his amazement at the magnitude of change that therapy provided him when asked about what unanticipated benefits he had experienced:

> Well it changes everything. It makes you see everything. It's kind of like a door and you open the door all the stuff comes out. And it's just a big cluster of stuff, of things, memories, things that have happened all coming out. So it's opened the door slowly and deal with each thing that comes out and that's how you find different, like say you have at the top of the list or the bigger pile is the depression, but then you're gonna find all these other things that come along with it … it's big … it's just wow. Sometimes it's just like a wow.

Danny's description that therapy "opens a door" provides a vivid image of how, for him, therapy went beyond resolving an initial complaint or symptom. Instead, it allowed him to explore more significant issues, leading to a sense of amazement at how therapy "changes everything." Similar to Danny's experience of therapy "opening a door" to other issues, Grace described how she started with the goal of building self-confidence,

but ended up working on other issues, which she noted “made life better.” She also identified how therapy impacted her motivation and schooling:

> I think I’m doing better in school, much better in school now. And I think it’s ’cause she helps me feel more relaxed and, like, let my emotions out. I know in first year I only took four classes each semester but I was always finding myself, like, dragged down or, “God, I don’t want to do it.” How come, how come not as motivated as I was before. I’d say I don’t know why. But, I’m more motivated now. So I get my work done ahead of time.

Surpassing initial expectations. This subordinate theme encompasses the finding that participants identified therapy surpassing their expectations. Although participants were not always easily able to identify exactly what they thought might happen in therapy, they asserted that what they received certainly went beyond whatever notions they may have had about how it would be helpful. Adam expressed that he “definitely didn’t intend to change everything” but that he entered therapy with an open attitude, stating: “I mean if I got something out of it then great and if not I mean, I couldn’t, it couldn’t get any worse.” He also reported that while he wanted to “move forward,” his expectations were limited. He stated: “[I] wasn’t really looking for anything substantial, just to kind of to help. I was looking for someone to help me walk myself through moving forward.”

Adam conveyed, however, that his expectations were surpassed, and noted the impact of his experience in therapy: “The skills I learned changed everything…” and “…it was definitely much deeper than I thought it was going to be.”

Abby also identified that her experience of therapy went beyond her initial expectations. She reported feeling surprised at both the "power" of therapy, as well as the method in which therapy proved to be helpful:

> It was unanticipated because I never would have known how powerful it could be or how useful it could be. I was kind of suspicious and I was kind of lost. So I didn't know how or whether I can be happy again so that was unanticipated because I guess I didn't have any expectation of what would happen…. But it helped in kind of unanticipated ways, like making more friends and focusing more on family and friends instead of focusing only on studies. So that was the ways that were really surprising.

Abby's report suggests that she believed that the focus of therapy would be her initial complaint, but instead was surprised that by focusing on other aspects of her life she ended up feeling better and as a result accomplished her original goal. She articulated this outcome by stating: "It was really, the message was really unanticipated, but, you know, the goal was anticipated, right?"

Other participants also expressed that while they had some hope to resolve their presenting concern, they did not expect to change or benefit to the extent that they did. For instance, Steven explained that he expected to receive some "techniques" to manage his anxiety, but instead was surprised by the fact that he "solved the root of the issue:"

> I honestly wasn't expecting to solve the root of the issue. I just assumed I would always feel that way but I would learn techniques that would perfectly just pave it over. And I assumed, you know, I would have the horrible panic attacks but then I

> would do this and then this and then this and it's gone. And I didn't really even realize that I had never considered that things could change.

Steven elaborated on the "techniques" that he thought he may gain in therapy, stating:

> So that's what I was expecting, a very simple solution sort of technique-based, like, I don't know, I've tried hypnosis before, breathing techniques, simple things like, you know, grounding techniques and, yeah, so stuff like that I was hoping for.

He explained that instead he found benefit in talking through his issues with his therapist:

> But we sort of started talking at that point and we kind of spent the rest of that session talking and then the session after and the session after and then kind of before I knew it we just kind of talked through every single session through the rest of the year and didn't touch on techniques at all for rest of the year which is not, once again, what I was expecting in any way.

Like Abby, he also identified that although his goal to reduce his anxiety was achieved, the method was different than he anticipated:

> In a lot of ways I've benefited in an unanticipated fashion but the benefit was what I was hopefully anticipating but the method was different. So, the ways that I've benefited, benefited in an unanticipated way, 'cause like I've said, in a lot of ways I've been able to manage and deal with my anxiety, just not in the ways I was expecting. In the exact opposite way. And by talking about everything else I've just sort of, instead of learning techniques to face it head on I've kind of dealt with

> the things, well, not dealt with, but I'm learning to deal with the things surrounding it and have learned to deal with it more that way.

Like Steven, Kylie expected to learn "techniques" to deal with her school-related anxiety. However, she articulated that her experience went beyond learning techniques, resulting in greater overall happiness:

> I definitely didn't expect to deal with my anxiety to as well as I have. Like I thought [I] would just get some breathing techniques and be like okay deal with it kinda thing 'cause I have been to a psychologist before and she's treated very differently, very, very differently. Like it was more of let's just set you down and let you listen to a tape and that will make things better kinda thing and I didn't really agree with that…. And I guess like I would just say I'm happier. I didn't expect to be a lot happier. Like I expected to kinda feel different, but I didn't expect to be this much happier.

Kylie's account reflects how her expectations were influenced by a previous counselling experience, which appears to have contributed to her idea of what therapy entailed. Similarly, Grace identified that she too had previous notions about counselling and "mental health," which may have delayed her attending therapy. She explained that if she had better understood the process of therapy, she may have sought help sooner:

> I kinda wonder why I had such a stigma against mental health in the first place. I mean if I didn't have that negative, or associate that negative stigma with mental health maybe in first year I would've gone to see a psychologist, so I wouldn't have suffered or did so horribly in first year.

Grace also recalled not knowing what to expect from therapy:

> I remember one time my teacher said she did a research thing and how they had her hooked up to a machine and she was looking at something. Inside I thought I wonder if the psychologist would do anything high tech like that or if there would just be talking. We just do talking but, I kinda had those connotations where, just those thoughts.

Grace's account suggests that she was influenced by what she heard from others, and went to therapy not really knowing what might happen. However, Grace, like her fellow participants, identified that the outcomes she attained from therapy were more significant than what she had initially expected.

Danny's experience of having his expectations surpassed included feeling surprised at the changes that occurred for him. He repeatedly expressed his amazement at how therapy can help him go from feeling quite negative to feeling highly positive. The following excerpt reflects his experience:

> What surprises me about, well doing it. Just, just having that change. Going from sad to happy is just a big, just a big change. It's a life, it's a life change. 'Cause it is, 'cause you're gonna change, it changes your life 'cause you're sad and depressed and now you're happy and going along back in life.

Spreading the benefits of therapy to others. This subordinate theme reflects participants' accounts of wanting to share their positive experiences with others and wanting others to benefit from therapy. Danny expressed his belief that others should attend therapy, stating, "It's a great thing I think and I think people should come and do it." He also said that he had shared information on counselling services with medical doctors who may be able to share the information with others who need it:

> I told the doctors about this to have and I tell them the same kinda thing, tell them how it makes you happier, it makes you a better person and [therapists] know more, they know more how to deal with it, you don't.

Like Danny, Abby indicated wanting others, such as her husband, to know about the benefits of therapy. She also expressed that this outcome was "logical" though "unanticipated:"

> And also, I was more aware of the health, mental health, of my family, of my friends. Even my husband, I was telling him, "If you want you can go to therapy," when I felt he was really stressed out. [Interviewer: And is that something that was unanticipated for you that you would have this increased awareness of mental health and how other people might benefit from it?] Yeah, yeah. That was, that was not anticipated. It was logical, right? If you can have those benefits you want to share it, but it was not anticipated.

Grace also described wanting to share the benefits of therapy with her family members. She reflected, specifically, that her brother "Brett" may benefit from therapy:

> Maybe one day I'll try to encourage him, "Hey, Brett, you know you should see a … seeing a psychologist would help you." And it helped me in a lot of ways.… So I guess seeing a psychologist helped me realize that even though it helped me I kind of, if my brother or my siblings ever have problems I should just let them know, like, "Oh you can talk about it with me but you can also see a psychologist." Yeah. I want to share my experience with them to see hopefully it will help them.

Like his fellow participants, Steven indicated a desire for others to benefit from the field of mental health, although he differed in that he described wanting to help people himself:

> I'm honestly even considering, and I probably wouldn't work in the field, but considering going to (name of university) and applying for their bachelors of social work afterwards. Purely for interest's sake. So that's all happened in the past four months. And obviously I've still got a lot of work thinking to do, that's a huge decision to just make. But I mean, it's something I never would have even dreamed about. And I've kind of discovered this passion and I really do just, I'd like to help people. And maybe I feel like that's a more concrete way to help people.

Adam also described his interest in wanting others to benefit from therapy, when he reflected on what it was like to participate in his interview:

> I've never got to participate in research…. I've never gotten to actually actively participate. And so I mean I want to help the community and help research and further, especially like furthering therapy and the field of psychology. And you know like if I can help your research that will help people understand therapy and help the field grow then I feel like I'm contributing to something great.

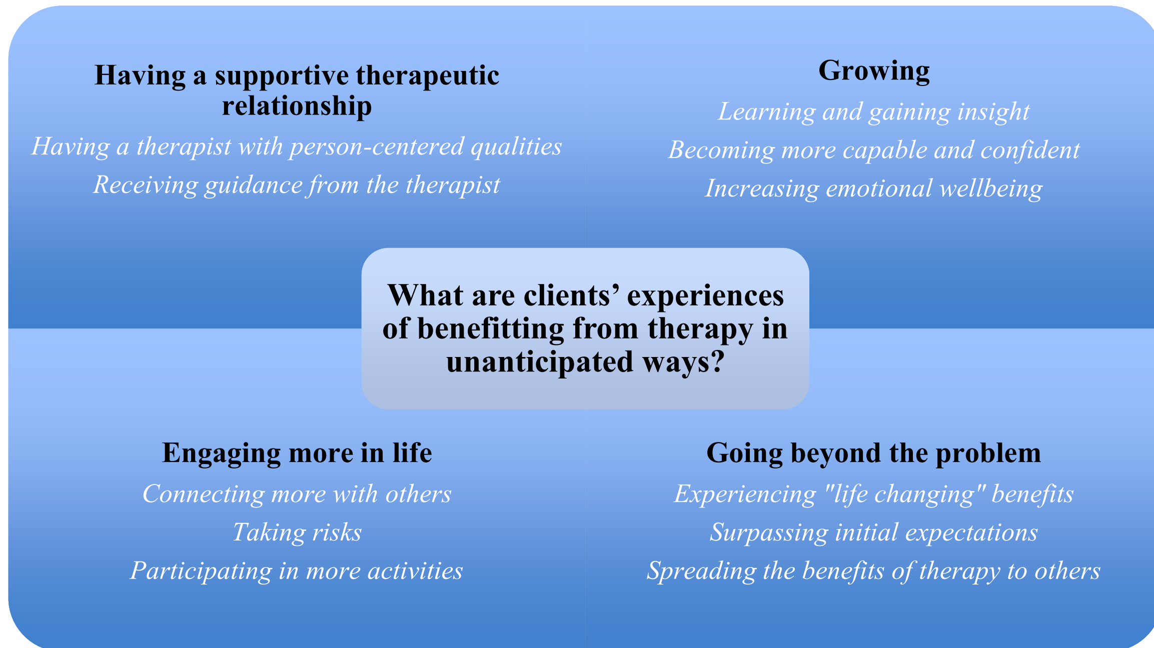
Summary of theme 4. Through the process of therapy, participants made gains beyond what they imagined or expected, and described these outcomes as "life changing." Like most clients, participants entered therapy with a goal or objective of wanting to work on a specific issue or eliminate a particular problem. Yet, much to their surprise, their

outcomes greatly surpassed those goals. Furthermore, having experienced these immense benefits, participants felt a need to share with others how therapy may be helpful.

Summary of Findings

In response to the research question '*What are clients' experiences of benefitting from therapy in unanticipated ways?'* four master themes emerged: *Having a supportive therapeutic relationship*, *Growing, Engaging more in life*, and *Going beyond the problem.* Each master theme was comprised of two to three subordinate themes that reflected participants' experiences of benefitting from therapy in unanticipated ways (see Figure 1, below). Overall, these findings reflect that clients can have experiences in therapy that transcend the resolution of their primary problem or complaint, and that these experiences can, in fact, affect their lives in various and significant ways. Participants highlighted how the therapeutic relationship was crucial to their experience, as well as how they grew and changed. Each participant described how therapy not only led to unanticipated positive outcomes, but how these outcomes were tremendously impactful. Through the stories they shared, there was a sense of joy in how they had changed, as well as a feeling of amazement that these changes had even occurred. Participants identified outcomes that were clearly beyond what they imagined would happen, and were able to identify tangible benefits. In the following chapter these results will be discussed in reference to the existing literature and the specific contributions of this study will be explored.

Figure 1. Master and Subordinate Themes



CHAPTER 5: DISCUSSION

The aim of this study was to intentionally explore client experiences of benefitting from therapy in unanticipated ways. This aim was pursued by using a semi-structured interview protocol with six participants who self-identified as having had this experience. The results are important because while they are consistent with findings from other studies that have explored client experiences of therapy, they also shed new light on what therapy can be when it is highly successful. Additionally, the current study adds to our knowledge on both processes and outcomes that are important to clients in psychotherapy.

Using IPA, I was able to identify commonalities within participants' experiences, while also showcasing aspects that were unique to each individual. The shared experiences among participants are of particular interest as they are indicative of broader processes that may be part of the experience of benefitting from therapy in unanticipated ways. By exploring these processes we may better understand how this phenomenon occurs, which in turn may serve to help future clients gain as much as possible from therapy, and clinicians to better understand how therapeutic gains are made.

In this chapter, key findings will be discussed and explored in relation to existing theory and research. Implications, limitations, and suggestions for future research will then be addressed. The chapter will end with a conclusion and researcher reflections.

Key Findings

Overall, the current study revealed that clients can benefit from therapy in ways that extend beyond the resolution of their problematic symptomology, and can have significant impacts on the ways in which they live and view their lives. In fact, it is

evident that the benefits of therapy can extend well beyond what clients expect to obtain, and even beyond what psychotherapists may expect.

In this section, the key findings of how clients identified benefitting from therapy in unanticipated ways are discussed in reference to existing research: (1) *the therapeutic relationship is important;* (2) *clients can experience intrapersonal growth;* (3) *clients can experience greater engagement with life;* and (4) *the benefits of therapy can extend beyond symptom relief.*

The therapeutic relationship is important. Participants identified the therapeutic relationship as a key element in benefiting from therapy in unanticipated ways. Each participant described ways in which their therapists were helpful to their processes in therapy. Notably, they addressed specific qualities that their therapists embodied, as well as the guidance they provided. In these ways, participants indicated that they felt connected with their therapists and were able to trust them to explore their problems, thoughts, emotions, and solutions. This finding coincides with previous research that has consistently and overwhelmingly identified the therapeutic relationship as one of the most important aspects of therapy (Elliott, 2008; Elliott & James, 1989; Hovarth & Symonds, 1999; Levitt et al., 2006; Wampold, 2015). Indeed, the common factors research has demonstrated that the therapeutic relationship correlates much more highly with client outcome than specific treatment interventions (Lambert & Barley, 2001; Wampold & Imel, 2015).

Participants spoke not only of their connection with their therapists in general terms, but were able to identify specific qualities that their therapists possessed including being caring, accepting, receptive, and empathic. These qualities accord with the *person-*

centered qualities originally described by Carl Rogers (1957) as crucial to effective therapy. Rogers outlined specific therapist characteristics as being essential to forming an effective therapeutic relationship. These characteristics include: (a) the therapist's congruence, genuineness, authenticity, and transparency; (b) unconditional positive regard and non-possessive warmth, acceptance, nonjudgmental caring, liking, prizing, affirmation, and (c) a genuine desire to understand the client's experience and accurate empathic communication of that experience (Cain, 2010).

Therapist attributes continue to be studied as a source of variation in client outcomes and research has found that some therapists are simply better than others at promoting positive client outcomes in general (Lambert & Bergin, 1994; Orlinsky et al., 2004). Furthermore, clients often attribute their positive therapy outcome to the personal attributes of their therapist (Lambert & Barley, 2001). For example, Levitt and colleagues (2006) used a significant moments framework to explore what clients found helpful in therapy and found that clients spoke of their therapeutic relationship in excess of any other factor while emphasizing the importance of this relationship. Additionally, in a more recent review of the literature, Elliott (2008) identified that a common finding on helpful processes in therapy is the therapeutic relationship, specifying that qualities such as the therapist listening, being empathic, affirming, and validating are important. Participants in the current study readily identified many of these same characteristics in their therapists, as well as others, including describing their therapists as kind, willing, and non-judgmental.

Interestingly, however, psychotherapy research has also been criticised for not focusing *enough* on therapist variables that contribute to outcomes:

> Psychotherapy researchers typically focus exclusively on different clinical interventions while ignoring the psychotherapists who make use of them. It's as if treatment methods were like pills, in no way affected by the person administering them. Too often researchers regard the skills, personality, and experience of the therapist as side issues, features to control to ensure that different treatment groups receive comparable interventions (Lebow, 2006, pp. 131–132).

Beutler and colleagues (2004) further explained that due to psychotherapy efficacy research attempting to isolate specific therapeutic models, efforts are made to control therapist variables. This type of research thus gives little attention to any curative role that might be attributed to the therapist. The current study lends support to the importance of the therapist's characteristics in the client's experience of therapy. And, although this finding may be well-documented, it serves as a reminder to continue to focus on these qualities despite the plethora of research that aims to isolate specific benefits of particular therapeutic models.

Beyond the facilitative conditions that the therapist provides, participants in the current study also indicated that receiving guidance or direction from their therapists was important. For some, this meant being offered suggestions or thought-provoking questions, while for others, this meant receiving direct advice as to what to do or try. Interestingly, Gaylin (2000) noted that traditionally, psychotherapists avoided giving advice to their clients (or so they claimed), believing that the client's pathology resided in internal conflicts, as well as to avoid "opening the door" to the therapist's judgments and values. He argued, however, that it is unavoidable that the therapist is always directing, advising, and introducing values. He purported that in dealing with complex human

functions, we do not have fixed universally accepted norms, such as in physical health where we can clearly see the difference between, for instance, a healthy lung, and one damaged by years of smoking cigarettes. In psychotherapy the difference between unhealthy conduct and idiosyncratic behaviours are not always obvious, and therapists must rely at least in part on their own values and assumptions.

Indeed, in an exploration of the discrepancies between what psychotherapists say and do, Buckley and colleagues (1979) surveyed 81 psychotherapists and found that while almost all participants agreed that therapists should not impose their value system on the client, half of the group viewed therapists' encouragement of the enrichment of the client's social life and encouragement of educational and vocational pursuits as important aspects of therapy.

The findings of the current study indicate that participants were in fact provided with advice that prioritized greater social involvement with others, educational pursuits, action over inaction, and engagement in specific behaviours. Participants reported greatly appreciating these suggestions and finding benefit in having followed through on them. This finding is indicative that when clients attend therapy, they may, in fact, be seeking to obtain suggestions and guidance on new ways to do things, or different ways to be. Certainly, research supports that so long as there is a shared rationale between therapist and client for the procedures and technique, it is likely to be helpful (Duncan, 2010; Frank, 1973; Orlinsky et al., 2004; Wampold, 2010). This may include the therapist and client sharing a belief that trying different suggestions or receiving advice can be helpful.

In examining this finding in the context of previous research, receiving guidance has been identified by clients as a helpful aspect of counselling. For instance, in their

review of the literature, Elliott and James (1989) identified “guidance” as a factor that contributed to the impact of therapy, while Elliott (2008) further noted that clients find that the therapist offering specific techniques for dealing with problems is beneficial. Murphy, Cramer, and Lillie (1984) also identified “advice” along with “the understanding of the therapist” as two factors that emerged as having a significant influence on outcome in their qualitative study of the relationship between curative factors perceived by clients and their treatment outcome. Likewise, Paulson and colleagues (1999), using concept mapping to investigate what clients experience as helpful in therapy, found that “counsellor interventions” was one of five thematic clusters and, within this theme, “my counsellor offered suggestions” was identified. Furthermore, in his summary of client experiences of therapy, Manthei (2006) found that clients typically identify “getting advice” as helpful. Together, these findings, along with the current study, make known that clients value the guidance provided by their therapists, and in fact attribute this guidance, in part, to furthering their process of change.

In summary, the therapeutic relationship was found to be an important contributing factor to client experiences of benefitting from therapy in unanticipated ways. This relationship is best viewed as a process factor because it involves *how* therapy was effective for clients. In many ways, it is not surprising that participants identified this factor as important to their therapy experience, given its importance has been generally well established in the literature. At the same time, this finding contributes to the body of research on client perceptions of what is important, and provides the unique perspective from clients who have benefitted from therapy in unanticipated ways. In addition, it highlights the specific importance of the facilitative qualities of the therapist as well as the

advice and guidance that therapists provide. Despite our knowledge of the importance of the therapeutic relationship, in many contexts where psychotherapy is provided, empirically supported treatments and manual-based interventions are emphasized. As Lambert and Barley (2001) have suggested, while therapists indeed need to stay current with new developments in the field, it cannot be understated how important it is to focus on the therapeutic relationship. As the primary curative component of therapy, the relationship provides the context for techniques to exert their influence and for positive outcomes to ensue.

Clients can experience intrapersonal growth. One of the themes that emerged from participant experiences of benefitting from therapy in unanticipated ways was experiencing intrapersonal growth. Participants described the experience of becoming more self-assured and confident, learning and gaining insight, and increasing their emotional wellbeing. Participants seemed to become more mature and better able to cope with challenges that came their way. One participant described how her whole character had grown, while another stated that for the first time in his life he seemed to be going in the direction he wanted. Participants described growth as an outcome of therapy, noting how they seemed to develop more closely into the people they wanted to be, and at the end of therapy felt more comfortable with the ways they were thinking, feeling, and behaving.

The idea of intrapersonal growth in therapy is not new. In fact, this theme coincides with some of counselling psychology’s foundational theorists’ beliefs that humans have a natural tendency towards growth. For example, Carl Rogers asserted that people have an *actualizing tendency*, which he described as “the inherent tendency of the

organism to develop all its capacities in ways which serve to maintain or enhance the organism" (1959, p. 196). Rogers believed that if we experience the right conditions in our relationships with others (the person-centered characteristics described in the previous section), then we can achieve our potential as humans. Abraham Maslow (1954) also theorized that the highest level of human development leads to what he termed, *self-actualization.* This concept was an outgrowth of his hierarchy of needs theory, which outlined that once all basic and mental needs are essentially fulfilled, the "actualization" of the person takes place. In other words, a self-actualized person has reached their full potential. These concepts were certainly reflected by participants who described growing in a multitude of ways.

Participants described expanding their knowledge of their problem issues, as well as gaining self-understanding, remarking on how these insights helped lead them to new and improved outcomes in their lives. Notably, learning and gaining insight are in fact typical goals that therapists have for their clients. In fact, certain therapeutic models such as person-centered therapy (Rogers, 1951), psychodynamic theory (Kohut, 1984), Gestalt therapy (Perls, 1969), and existential therapy (May, 1953) all structure treatment in a way that increases self-awareness and self-understanding, believing that this alone can allow clients to change. Yet, there was something unanticipated for participants in the current study about the ways in which they learned to manage their difficulties or gained insight about themselves. For several participants, it was the *way* in which they learned or gained understanding. Some found that the approach used to resolve their issue was unanticipated. For others, there was a sense of amazement at the extent of their growth and learning.

The concepts of learning and gaining insight have been supported in research examining client perspectives of what is helpful in therapy. Elliot and James (1989) found that self-awareness and insight were both identified as "major varieties of client experiences" in their analysis of the literature on client experiences of therapy. Likewise, Paulson and colleagues (1999) identified the cluster "new perspectives" in their study of clients' perceptions of helpful experiences in counselling. This cluster was formed on the basis of phenomenological statements from clients including, "It got me to think about things differently," and "Coming to realizations about my life" (p. 320). Similarly, Llewelyn (1988), reporting on helpful and unhelpful events in therapy, found that participants identified insight as one of four helpful events. In a more recent study using interpersonal process recall to explore therapists' and clients' significant experiences in psychotherapy, Levitt and Piazza-Bonin (2011) found that both clients and therapists identified "developing new awareness" as an important aspect of therapy. Combined with the results of these studies, the present study supports the finding that learning about one's self and gaining insight are important outcomes of therapy, even if unanticipated from the client's perspective.

Participants in the current study further described the experience of growth as feeling more confident in themselves and what they were capable of accomplishing as a result of attending therapy. Whether it meant pursuing a previously feared activity, or feeling more self-assured, confidence appeared to translate to participants feeling better about themselves, as well as what they were able to do. Again, this finding coincides with previous research examining ways in which clients benefit in therapy. Elliott and James (1989) noted that clients experienced treatment-related changes that included "increased

self-esteem" and "greater sense of mastery." Similarly, Levitt and colleagues (2006) identified that although clients rarely discussed symptom-change *per se* as an important outcome of psychotherapy, they did describe feeling better about themselves. Furthermore, in their grounded theory study of clients' perspectives of change processes in cognitive therapy, Clarke, Rees, and Hardy (2004) found that all (five) of their participants reported being "confident and comfortable," which resulted in them changing their everyday behaviours and the ways in which they felt and thought about themselves.

Improving emotional wellbeing was yet another way in which participants described the growth they experienced as a result of therapy, including increasing positive emotions, decreasing negative emotions, and being better able to manage their emotions in general. They frequently identified that they felt "happier" and experienced "less anger" or "decreased anxiety." They also reported being able to better manage challenging conversations with others, and found improved ways to deal with difficult others in their lives. Some of these outcomes would certainly be expected as a result of therapy, as clients (including the participants in the current study) often identify seeking therapy for some sort of emotional difficulty, such as anxiety, depression, sadness, or stress. However, participants in the current study identified that the *degree* to which they increased their emotional wellbeing was unanticipated. Participants described initially attending therapy with a particular goal, or expecting to gain highly specific tools to use in defined situations; they did not expect that they would be "happier" on the whole or feel "more peaceful" in general. The finding that participants increased their emotional wellbeing is consistent with other research (Binder, Hogersen, & Nielsen, 2010; Connolly & Strupp, 1996; Elliott & James, 1989; Lambert & Ogles, 2004). For instance, Elliott and

James noted that among other changes, clients identified “relief,” “instillation of hope” and “unburdening” (p. 459) as important therapeutic outcomes.

Self-efficacy theory, originally described by Albert Bandura (1982), may provide one possible explanation for the intrapersonal growth participants experienced. Self-efficacy refers to what an individual believes he or she can accomplish, using his or her skills, under certain circumstances (Bandura). Essentially, individuals are more likely to engage in behaviours for which they have high self-efficacy, or which they feel most capable. Thus, it may be that working through certain issues or problems in therapy influenced participants’ self-efficacy such that they felt more capable of engaging in different activities under different circumstances.

The idea of self-efficacy leading to change was supported in a study by Connolly and Strupp (1996) examining client-reported outcomes described by 80 participants. They found through cluster analysis that clients reported not only changes in symptomology, but changes in self-concept. This finding was especially noteworthy given that the changes reported included an improved ability to understand one’s feelings, to feel good about him/herself, and to better define him/herself within interpersonal relationships. The improved “self-concept” cluster included aspects of improved self-confidence such as being “more outgoing,” being “better able to accept rejection,” and an improved ability to “define boundaries in relationships” (p. 38-39). Applied to the results of the current study then, it may be that as clients felt better about themselves as a result of therapy, they were able to grow intrapersonally.

The current study revealed that participants experienced growth in a variety of ways: gaining insight and knowledge, becoming more capable and confident, and

increasing emotional wellbeing. Certainly, intrapersonal growth should not be unexpected to result from therapy given that clients have to make changes in order to resolve problematic areas in their lives. Yet participants identified their growth as unanticipated in that they changed much more than they expected, the process of change was surprising, and the growth they experienced was a catalyst for other positive changes in their lives to occur.

Clients can experience greater engagement with life. Participants expressed numerous ways in which they became more engaged in life as a result of therapy. They identified becoming increasingly present in their lives, participating in a greater number of activities that had previously been neglected or overlooked. They noted their ability to take risks, trying things that they had feared or avoided. Furthermore they spoke about connecting more with others and improving their interpersonal relationships. For some this meant becoming more socially outgoing, while others spoke of finding new strength in the bonds they had with loved ones. One participant spoke of how he now engages differently with strangers, and how this influences his day-to-day life. Overall, there was a sense that participants were doing and experiencing more, and had the energy and ability to connect differently in their relationships with others.

Participants described engaging in behaviours that they “would not have” previously to therapy, and doing things that at one time seemed unlikely, if not impossible. They reported re-engaging in hobbies, becoming increasingly involved in their community, and being more involved in work and other daily activities. They spoke about “stepping outside of their comfort zones,” and attempting tasks where there was a

risk of failure, embarrassment, or rejection. Often, participants described having to first take a risk in order to become more active in various activities or endeavours.

Participants reported that therapy allowed them the safety to take chances to do something new or different. One participant described how he was able to try new things between sessions because he knew he had an upcoming therapy session and could debrief, no matter the outcome. Another participant identified that the encouragement and support of her therapist led to her application, and consequently acceptance, in a trades program – despite the risks of rejection and failure. Yet another participant described how therapy helped her to become more confident, allowing her to engage in more outgoing behaviours which included singing, and dancing in front of others. The notions of safety, encouragement, and trying new things between sessions, fit with some of the findings from Clarke, Rees, and Hardy's (2004) grounded theory study on clients' perspectives of change processes in therapy. The authors reported that participants frequently spoke about the "safety" that their therapist provided, as well as the fact that they were able to "test things out" between sessions. They described how participants seemed to practice and apply skills learned in therapy to the outside world. Furthermore, the authors found that participants in their study reported changes in their everyday behaviours, such as being more assertive, or being able to talk to more people.

Indeed, taking risks and participating in more activities required participants to change their behaviours. Notably, taking risks involved doing things that were previously feared, while participating in more activities required choosing activity over inactivity. Although individuals often change their behaviours without the help of therapy, participants in the current study highlighted how therapy was important to this process.

There are numerous theories on behaviour change, and in fact, how to help clients change is often debated among advocates for the different approaches to therapy. In a more general sense, however, Goldfried (2013) suggests that therapy may facilitate corrective experiences, whereby clients need to take a risk in changing what they do in order to find new results. Although this risk can sometimes occur within the session and with the therapist, a more behavioural perspective would suggest that clients should attempt to alter their behaviours between sessions. The findings of Levitt, Butler, and Hill's (2006) qualitative study on what clients find helpful in therapy coincides with Goldfried's suggestion that multiple processes are necessary for helpful change to take place in therapy. In their grounded theory study, participants identified the importance of both "a trusting therapeutic relationship so that self-exploration could be sustained even in the face of threat," and "out-of-session processing." In other words, both the therapeutic relationship was critical to progress, as well as out-of-session activities. Participants in the present study described similar processes – both the trusting relationship they had with their therapist, and the work they did outside of sessions led to helpful behaviour changes.

Another factor involved in the change process is the client and their personal characteristics. As outlined in psychotherapy research, the client, and factors in the client's life, account for more variance in therapeutic outcome than any other factor (Orlinsky et al., 2004). These extra-therapeutic aspects consist of client strengths, struggles, motivations, distress, supportive elements, as well as chance. As such, Orlinsky and colleagues suggest that the quality of the client's participation in therapy is the most important determinant of outcome. In the current study, it was evident that participants were active agents of change, describing ways in which they were willing to try new

things or different ways of being. Participants outlined ways in which they responded differently to situations than they had previously, were open to changing their thinking and behaviours, and embraced the therapeutic process whole-heartedly.

It may be that a combination of greater self-awareness guided by the support of the therapist, along with trying new things outside of sessions led to growth and greater engagement in life. Participants also described the encouraging effects of taking risks and participating in more activities, which encouraged further action or engagement. Certainly, the complexity of therapy and the client, therapist, and environmental factors that all play a role in therapeutic change cannot easily be disentangled to identify exactly how each contributed to change, but might best be considered in relationship to one other.

Participants were also better able to connect and engage with others after attending therapy, and reported both improvements in their existing relationships as well as being able to form new relationships. For some, this meant appreciating friends or family and making time to bond with them, while for others it meant making new connections. Even participants who initially had the goal of working on particular interpersonal relationships reflected that the changes they experienced in this area reached beyond those relationships, and had more extensive impacts. This finding reflects that not only were the clients who attended therapy affected, but that these interpersonal effects or impacts extended to others in their lives. By responding differently to others, for example, by being more present at work, volunteering, or joining various groups, the changes that participants experienced from therapy impacted others in their lives.

Improvement in interpersonal relationships aligns with what some researchers have found when exploring therapy outcomes. For instance, Strupp and colleagues (1969)

found that improvements in interpersonal functioning were reported most frequently by participants as an important change in therapy. Likewise, Binder and colleagues (2010) conducted a phenomenological study examining how former psychotherapy clients characterized “good outcomes” after having completed treatments they described as successful. They found that “establishing new ways of relating to others” emerged as a key finding, and that participants described attaining a greater sense of security in their interpersonal interactions. The researchers also found that participants changed the way they acted in the world and reported that some participants described this as “not hiding” or “not fleeing” as much. Improvements in interpersonal functioning were also identified by Elliott and James (1989), while “relating better with others” was an overall change identified by Levitt and colleagues (2006) in their study examining significant moments in therapy. While the current findings coincide with what previous researchers have found in terms of ways in which clients may benefit from therapy, specifically examining the *unanticipated* aspects of benefitting from therapy suggests that clients do not necessarily enter therapy expecting overall improvements in their interpersonal relationships.

Notably, it has been well documented that better social connection is linked with improved mental health (House, Landis, & Umberson, 1988; Kawachi & Berkman, 2001). Likewise, becoming more social may be an indicator of better mental health, as restricted social networks, fewer close relationships, and lower perceived adequacy of social support are symptomatic of depression (Barnett & Gotlib, 1988). Indeed, our understanding of the need for interpersonal relationships has been asserted by numerous theorists. For instance, Freud (1930) identified the need for interpersonal contact, Maslow (1954) ranked “love and belongingness” in his hierarchy of needs, and Bowlby’s (1969)

attachment theory identified the need to form and maintain close relationships. From an evolutionary standpoint, the formation of social bonds has been critical to survival, as groups can share food, provide mates, and help care for offspring (Tomasello, 2014).

For participants in the current study, the theme of connecting more with others was prominent. Although we cannot assume a causal direction, participants who started to feel better as a result of therapy may have become more socially engaged, and becoming more socially engaged may have helped to further their feelings of wellbeing. It could also be that therapy helped participants to perceive relationships differently, thereby helping to them to make better use of current connections. Regardless of cause, the finding that participants were better able to connect with others is worthy of note, and further exploration.

Overall, participants reported becoming more engaged in life as a result of attending therapy. Taking part in more activities, taking risks, and connecting more with others, emerged as a few ways in which participants benefitted from therapy in unanticipated ways. There was a sense of inactivity turning to activity, and withdrawal to engagement. Each participant spoke about how this engagement contributed to feeling more positive and having a greater sense of wellbeing. Being able to take greater risks, and thus receive the rewards from those risks contributed to feelings of self-efficacy and empowerment. For some, improved connections with others led to greater feelings of appreciation and security. Overall, participants seemed to gain a sense of connection – whether to their community, work, schooling, family, or friends – and consequently received the benefits of these connections. It seems very likely that those friends, family

members, co-workers, and acquaintances with whom the participants engaged were also affected by their change.

Benefits of therapy can extend beyond symptom relief. Participants benefited from therapy in several ways that went beyond resolving their initial presenting problems or concerns. They reported experiencing "life changing" benefits, surpassing their initial expectations, and a desire to share the benefits of therapy with others. Contrary to the idea that therapy helps resolve a specific identified disorder, participants spoke about how therapy was bigger than that – having profound impacts that they did not anticipate.

Participants identified therapy as having *life changing* impacts. One participant, for instance, noted her amazement at being able to stop taking medications and going to physical therapy for chronic pain, despite never having made this a goal for therapy. Yet another expressed that for the first time in his life he felt like he was going in the right direction. Another described his entire world opening up, and feeling more capable in all situations. At the same time, there was a sense from participants that the significance of therapy was not simply one thing that changed, but a culmination of all the benefits and growth acquired. This finding, then, can be viewed as arising out of many of the themes that emerged from participant experiences. Connecting more with others, feeling more capable and confident, being better able to manage emotions, and so forth, allowed participants to surpass any one specific aspect of symptom relief, and in fact fostered a sense that their lives had changed. For participants who described therapy as "life-saving," there was also a sense of how low or hopeless they felt when first entering therapy. These participants described how therapy not only helped to alleviate those feelings of hopelessness, but fostered a sense of hope, agency, and life.

This finding is consistent with those of other researchers who have found the benefits of therapy to extend beyond symptom relief (Connolly & Strupp, 1996; Elliott & James, 1989; Levitt et al., 2006; Strupp et al., 1969). Gallegos (2005), for instance, conducted a phenomenological study of the lived experience of clients' symptom relief through psychotherapy. He found that participants utilized psychotherapy over many years for multiple problems, noting that they described their problems more in terms of existential anxieties, rather than problematic symptoms. Gallegos proposed that although psychotherapy was not necessarily sought for growth and self-actualization, these experiences were possible and desired after symptom relief "opened the door" (p. 377). He concluded that the experience of successful psychotherapy therefore cannot be limited or reduced to symptom alleviation.

Similarly, Olivera, Braun, Penedo, and Roussos (2013) conducted a qualitative study investigating former psychotherapy clients' perception of change, reason for consultation, therapeutic relationship, and termination, and found that they rarely presented one area of change without mentioning others. The authors provided potential explanations for this occurrence, including that intrapersonal change directly impacts interpersonal change and quality of life, and thus one cannot change in one area, without affecting others. They alternatively suggested that there is an interdependence where a modification in one area of change may affect other areas of change. These explanations may serve to help us understand the findings of the current research. Indeed, from the standpoint that our thoughts, emotions, and behaviours are connected, and do not operate in isolation from one another, this explanation is worth greater consideration. Binder and colleagues (2010) came to a similar conclusion, stating that symptomatic, emotional or

relational change cannot be separated from insight; that to do something different with an old problem, one must give it meaning in a new way. They also noted that although personal growth is considered as an overall treatment goal for psychotherapists, clients do not typically present to therapy with enhancing personal growth as their goal. Certainly, participants in the current study found new meaning in their lives, and experienced changes that went well beyond their initial goals or problematic symptomology.

Part of the reason this finding is remarkable is because research rarely looks at ways in which participants change from therapy outside of changes in symptomology. Hill and colleagues (2013), for example, assert that psychotherapy is an experience that is individual for each client-therapist dyad and as such, statistical measurement as commonly used in outcome research does not allow researchers to demonstrate the complexity of psychotherapeutic change. Thereby, the findings of the current study are promising in that they depict how clients can experience therapy as a catalyst for change and growth in ways that transcend the resolution of their initially identified problems. Furthermore, for some clients, such as the participants in the current study, these changes can be significant enough to be described as *life changing.*

Participants identified that the outcomes they received from therapy surpassed their expectations. They reported that they came to therapy with certain beliefs about what might occur, or what the results may be, and these beliefs or expectations were exceeded. For instance, participants reported expecting to obtain certain “tools” or “techniques” and that their problem symptoms would be improved to some degree. Some participants came to therapy “not knowing” what to expect, while others vocalized that while they hoped for some improvement, they did not know how it would occur through the process of therapy.

However, participants identified that the benefits they gained in therapy surpassed their initial expectations, and they expressed how they had changed and developed as individuals, becoming more satisfied with their lives and themselves.

This finding coincides with Lambert's (2007) research on client perspectives before, during, and after therapy. Through her qualitative study on client experiences of counselling, she concluded that although clients know at the outset of therapy that they need help, they do not know what to expect. Similarly, using a grounded theory approach, Hoener and colleagues (2012) found that client experiences were different from expectations. When the participants in their study began therapy, they expected or wanted the therapist to inform them of their problems and provide them with a solution or cure. However, participants instead found themselves playing an active role in therapy. This finding is comparable to the current study, where participants initially identified expecting specific procedures to be utilized for an isolated problem, but instead found that they were active participants in a broad process of change.

Research on client expectations (Dew & Bickman, 2005; Greenberg et al., 2006; Westra et al., 2010) can provide further context to the findings of the current study. For instance, Westra and colleagues (2010), who explored expectancy violations through a qualitative approach, found that clients who succeeded in therapy reported gaining more from treatment than expected. Closely aligned with the results of the present study, they noted that participants were surprised by the process of therapy, did not expect the magnitude of change they received, and that therapy did not fit the "stereotype," which the researchers described as pre-conceived notions of how therapy would be. The authors further reported that participants in their study identified multiple negative initial

expectations that centered on the process of therapy, such as believing that therapists would be authoritarian. This speaks to how clients can have an incomplete picture of what psychotherapy entails and what the end results may be.

Participants in the current study expressed how therapy was not simply different than they expected it to be, but that it *surpassed* their expectations, thus contributing to their experience of receiving unanticipated positive outcomes in therapy. Two theories may help to partially explain this phenomenon. Decision affect theory (Mellers, Schwartz, Ho, & Ritov, 1997) proposes that violations of expectations have important affective consequences, with unexpected positive outcomes experienced as more pleasurable than expected ones. Likewise, expectancy violations theory (Burgoon, 1993) proposes that expectancy-disconfirmatory experiences are more arousing and distracting than confirmatory ones. These theories suggest that when one's experience is different than expected, the experience is particularly salient and, if positive, particularly so. These theories fit well with the current findings, where participants described immense benefits from therapy, and that these benefits greatly surpassed their initial expectations. More research testing these theories in the therapeutic context would likely prove valuable for better understanding this phenomenon.

Another way in which participants used therapy in a way that extended beyond symptom relief was through gaining a desire to share the benefits of therapy with others. Participants reported wanting to promote therapy to friends, family, and even strangers, sharing their new awareness of how therapy can be highly beneficial. One participant even discussed making changes in his life to directly be able to help others who are dealing with their own mental health issues. This finding is important for a couple of

reasons. First, it serves to exemplify just how significant the impacts were for participants. Certainly, participants would not recommend therapy to others if their experiences were unhelpful or marginal. However, the fact that participants acknowledged that they became more aware of the mental health of their friends and families, and would suggest that they attend therapy, is a testament to the benefits they themselves received. One participant identified therapy as something everyone could benefit from, while another noted that his benefits were part of the reason he wanted to participate in the current study and help to advance the field of psychology. Second, it demonstrates that others may be affected when clients attend therapy. If individuals who may be suffering from mental health issues are made aware of the potential benefits of psychotherapy, or if psychotherapy is normalized by having a friend or family member espouse its benefits, it may be more likely for that individual to seek help or treatment themselves.

The finding that clients desire to share the benefits of therapy with others has not been previously documented in the literature, although some researchers have found clients wanting to participate in research in order to help others. Manthei (2006), for example, found in his review of client experiences of counselling that most clients regard participating in research as a valuable and important way to help other clients. He identified that not only are clients willing to be participants, but that they may benefit therapeutically from doing so. Likewise, Lambert (2007) noted in her research on client perspectives of therapy that participants welcomed being involved in research and felt that the process of being interviewed and reviewing transcripts acted to further validate their experience. She found that as clients experienced positive changes in counselling and

gained confidence in their therapists, there was evidence of a developed sense of being part of a wider social community and in some instances, a desire to contribute more directly to helping others.

Another explanation that may shed light on the current findings is that individuals who share positive events or experiences with others also benefit themselves. Although there is relatively little documented research on this topic, Gable, Reis, Impett, and Asher (2004) conducted four studies examining the intrapersonal and interpersonal consequences of seeking out others when good things happen. They found that communicating personal positive events with others increased daily positive affect and wellbeing, above and beyond the impact of the positive event itself. Participants in the current study may therefore have continued to amplify the benefits they received from therapy through sharing their experiences with others. Consistent with this explanation, when participants were asked about what it was like to be interviewed for the current study, some shared that it reinforced some of the benefits they had gained or made them recall how they are now different than they were prior to starting therapy.

The finding that participants had a desire to share the benefits of therapy with others is perhaps one of the most surprising findings given the stigma associated with mental health issues (e.g., Corrigan, 2004). We would typically expect individuals to remain quiet about their mental health problems and, as such, another opportunity for future research entails exploring how clients overcame stigma and felt compelled to share the benefits of therapy with others.

Overall, participants received benefits from therapy that went well beyond their expectations, and beyond the resolution of their initial problems. These benefits were

significant enough for participants to describe them as “life changing” and to want to promote therapy to others. Participants concluded therapy better able to engage in life, and having experienced intrapersonal growth. They voiced that their lives were impacted in important ways and described becoming more authentic and happy. Although a specific problem or issue had brought each participant to therapy, through the therapeutic process, their lives were changed beyond ways that they imagined possible at its outset. What is more, participants became more psychologically-minded by becoming increasingly aware of the mental health of those around them, and wanting to share with others the benefits of therapy.

Summary of key findings. From the themes that emerged in the current study, four key findings were identified and explored. These findings included: (1) the therapeutic relationship is important; (2) clients can experience intrapersonal growth; (3) clients can experience greater engagement with life; and (4) the benefits of therapy can extend beyond symptom relief.

These findings are indicative of client experiences of benefitting from therapy in unanticipated ways and provide important information on how clients view and experience therapy. The focus on the *unanticipated* further provides a unique perspective on how therapy can be useful for more than the symptom relief that often leads clients to treatment.

Implications

This phenomenological study aimed to answer the research question, “What are clients’ experiences of benefitting from psychotherapy in unanticipated ways?” The results contribute to the literature on client perspectives of psychotherapy and help us to

better understand how psychotherapy can impact clients' lives in ways that extend beyond targeted changes. Although some researchers have begun to explore this phenomenon, there have been very few studies examining client experiences of benefitting from therapy. The current study has thus yielded new insights into how clients experience therapy and use it to bring about change in their lives. Although the purpose of qualitative research is not to make generalizations, the findings of qualitative studies may be transferable to other contexts and shed light on experiences that may have otherwise been overlooked by quantitative methods. As a result, the findings of the present study have implications for clinicians and researchers who are interested in understanding how best to help clients in therapy. Importantly, this is the first study to explicitly identify how clients can benefit from therapy in ways that transcend their initial presenting concern and impact their lives in multiple and meaningful ways.

In the current study, participants highlighted both therapeutic processes and outcomes as central to their experience of unanticipated benefits. In terms of processes, participants described that having a supportive therapeutic relationship was helpful. This finding is highly consistent with the literature on the importance of the therapeutic relationship for a positive outcome (Lambert, 1992; Lambert & Barley, 2001; Norcross, 2001; Wampold, 2012). As Wampold described, clients come to therapy primed to be socially influenced, and the empathic stance of the therapist facilitates the emotional connection and increases the likelihood of influence. Consistent with previous research (Connolly, & Strupp, 1996; Elliott, & James, 1989; Gallegos, 2005), participants did not generally describe specific interventions or techniques as being the most helpful aspects of therapy. This is not to say that the specific interventions were not helpful, but that this

is not what stood out in terms of participants' experience of benefitting from therapy in unanticipated ways. This is in contrast to past research that has focused exceedingly on specific treatments for specific disorders (e.g., cognitive-behavioural therapy for the treatment of anxiety). However, common factors research has demonstrated that our focus should not simply be on finding a formulized treatment plan for a specific disorder, but rather on finding shared commonalities that are helpful among different treatment modalities. The current study reinforces this suggestion and again supports the critical importance of the therapist, and their personal characteristics that extend beyond their knowledge or application of clinical interventions. The exceptionally positive things that participants had to say about their therapists, and their experience of their therapists as kind, supportive, non-judgmental, and helpful, suggests that clients are keenly aware of the characteristics of their therapists and that these characteristics influence their experience.

In addition to the processes participants described as helpful in therapy, they described benefitting from therapy in ways that extended beyond symptom relief. Although others have found similar results (Connolly & Strupp, 1996; Gallegos, 2005; Levitt et al., 2006) the current study is the first to specifically seek out this phenomenon. Interestingly, participants often identified that the unanticipated outcomes were the *most* significant outcomes for them. This finding suggests that while clients may indeed attend therapy to seek relief from specific problems or disorders, when we target specific problems other changes may occur as well. Instead of resolving singular problems, clients can grow and change, thereby affecting various aspects of their lives. Thus, although therapy is indeed efficacious in helping to resolve identified specific mental health issues

(i.e., depression, anxiety, PTSD, et cetera), its effects can also influence other aspects of a person's wellbeing.

This finding has several implications for therapists, researchers, and clients. First, it is important for clinicians to understand the ways that clients may change as a result of psychotherapy so that they may inform clients, or potential clients, of these effects. Second, therapists who focus solely on the resolution of problematic symptomology may miss the opportunity to help to enhance the overall growth of the client. Knowing that the potential benefits of therapy can extend well beyond the initial reasons that bring clients to therapy provides therapists with the opportunity to help clients enhance their overall wellbeing. Finally, further research examining therapeutic change that extends beyond the identified problems that bring clients to therapy may serve to better show how therapists can be helpful to clients. Although psychotherapy has been primarily identified as a way to treat mental health disorders, there is opportunity for it to be used to enhance personal functioning.

The current study also served to demonstrate that there can be inconsistencies between client expectations and therapy outcomes. Although client expectancies have been largely under-studied, especially in relation to having outcomes exceed expectations, they have been identified as an important factor in therapy outcomes (Dew & Bickman, 2005; Constantino, Arnkoff, Glass, Ametrano, & Smith, 2011; Greenberg et al., 2006; Wampold, 2012). Wampold described how expectations are created through the therapist's explanation of problem and treatment, and noted that the client's previous explanation for the disorder affords no way to change, or they would already have done so. However, the therapist's cogent explanation, based on psychological principles,

provides opportunity to change. This description helps to explain the incongruence that participants identified between what outcomes or processes they expected, and what actually occurred. It follows that if clients are initially unable to see the way through their problems, and then the work they complete with their therapist allows them to do just that, that there may be an element of surprise, or the unexpected. Within the current study, not only was there an element of the unexpected for participants, but they identified this element as substantially meaningful to their experience. They described ways in which their lives were changed in ways they did not imagine possible, and relayed how therapy surpassed their expectations. This information may prompt individuals who are wary or sceptical of therapy to avail themselves of the benefits that psychotherapy offers. Although exceeding an individual's expectations of therapy to some degree may actually be helpful for enhancing their experience, if individuals are simply uninformed about ways in which therapy can be helpful, they may not attend therapy at all. As one participant in the current study mentioned, if she had known how helpful therapy could be, she may have attended sooner. Better understanding the discrepancy between client expectations and actual experiences of therapy may therefore enable us to more accurately inform individuals of how therapy can be helpful.

This study also served to demonstrate that clients are able to identify what is helpful about therapy and how they have changed as a result. This finding again reinforces the importance of gaining client perspectives on therapy, as opposed to relying solely on objective measures or clinician reports. Not only did participants report on what was helpful about therapy, but they were capable of providing rich, detailed accounts that reflected multiple processes and facets of their therapy process. These client perspectives

are important because we want to provide individuals with more of that which is helpful, and less of that which is unhelpful. Furthermore, previous research has demonstrated that client and therapist perspectives often differ in important ways (Barham & Howard, 1991; Gordon, 2000). As such, by focusing excessively on therapist perspectives, we miss information that is central to the client's process of change. Moreover, because the purpose of psychotherapy is to help clients change outside of sessions (Drier, 1998), it stands to reason that we should ascertain their perspectives, rather than solely examining from the therapist's perspective what they can observe during sessions. Using client perspectives is only logical then for further understanding how clients benefit from therapy, and what therapeutic processes help them to change.

Finally, the qualitative approach used in this study allowed for aspects of therapeutic outcomes to emerge that might not have been captured through quantitative means where variables are limited in number, or defined by researchers' pre-conceived notions of what is important. Participants in the current research study were able to explore their experiences of therapy and share stories of how they were changed or impacted. These explanations provided a depth of information that would not have otherwise been obtained through quantitative means. The rich detail provided in this and other qualitative studies serves to connect clinicians and researchers with the experiences of those whom they aim to serve.

The findings from the current study may be transferable to other contexts in several ways. First, therapy can be an opportunity to go beyond a client's identified concern to help improve overall wellbeing and clients may experience such unexpected benefits as particularly important. Second, the relationship between therapist and client is

critical to the client's experience of therapy. Third, clients can be open change beyond their initial expectations or hopes for therapy.

Finally, the clinicians who provided therapy to the participants in the current study were not identified as master therapists, experts in their field, or even well experienced. In fact, many were student clinicians at the beginning their careers. This detail highlights how unanticipated positive outcomes from therapy need not occur in highly specialized contexts with expertly trained therapists.

Limitations

The six participants who participated in this study self-selected based on having experienced benefits from therapy that were unanticipated. They had been in therapy for a broad range of problems, and their therapies differed in terms of length and treatment modalities. Furthermore, a limited amount of information was collected concerning the cultural and ethnic backgrounds of the participants. These factors thus present limits to the transferability of findings to other contexts.

A second limitation is that the sample was recruited primarily from one clinical setting. Interestingly, while two of the six participants had actually received their therapy elsewhere (but had noticed the signs for recruitment at the Education Clinic), further studies sampling from a variety of contexts are necessary in order to better generalize results. Indeed, the centre used for recruitment is a training centre for graduate-level clinicians who are able to offer a large number of sessions for a nominal fee. As such, the experiences of clients who attend this type of setting may be different than, say, those who are attending private practice, or receiving care in a hospital or other community setting. It should also be noted that the sample contained a large number of students,

perhaps because recruitment occurred within a university setting. Furthermore, it so happened that all of the participants identified that they had worked with female therapists. There may be gender differences in how clients experience male and female therapists, and as such further studies that involve both female and male therapists, and use a more varied sample, are required.

In addition, caution must be applied to having asked participants about their expectations retrospectively. Since expectancies are essentially anticipatory beliefs, they should ideally be measured prior to commencing therapy. This methodological issue provides direction for future research on how clients may benefit from therapy in unanticipated ways.

Suggestions for Future Research

The findings of the present study outlined several ways in which clients experience benefitting from therapy in unanticipated ways. It demonstrated that not only can benefits extend beyond problematic symptomology, but that clients can readily report on what these benefits are, and how they came about. Being the only known study to specifically examine, from the client's perspective, how clients benefit from therapy in unanticipated ways, the present study makes way for a multitude of possibilities for future research.

First, additional qualitative studies exploring this phenomenon would be helpful in order to better understand the experience of benefitting from therapy in unanticipated ways. For instance, the current study was comprised of participants recruited from one specific clinic, and the majority of the sample happened to be fairly young in age. There is thus a need for future studies to examine this phenomenon by exploring whether it occurs

in other places, and with a more heterogeneous sample. It would also be advantageous to explore the experiences of individuals who do not self-select for the experience of having benefitted from therapy in unanticipated ways.

Another avenue for future research would be to ascertain both client and therapist perspectives on the experience of benefitting from therapy in unanticipated ways and to compare and contrast these views. Having the therapist perspective alongside the client's would provide valuable information on how therapists may experience this phenomenon in their clients, or shed light on where client and therapist perspectives converge or diverge. This information would contribute to our knowledge on therapy processes and outcomes and help us to better align therapist and client conceptions of therapy.

It may also be beneficial for future studies to explore client characteristics in more depth. We know that clients themselves account for the largest portion of treatment outcomes (Orlinsky et al., 2004), and as such more information about what clients bring to therapy would be useful. As clients come to therapy with their own histories, external supports, and inner resources, questions that are specifically designed to ascertain these variables would provide an additional lens on the factors that contribute to the experience of benefitting from therapy in unanticipated ways.

In addition, further research that explores the incongruence between expectations and outcomes may be helpful in order to better understand how clients come to expect what therapy will entail and the outcomes that may result. This information could be important for being able to provide clients with a better understanding of how psychotherapy can be helpful, and what they may be able to anticipate.

Finally, although the present study highlights the need for greater qualitative studies in this area, quantitative research studies on the experience of benefitting from therapy in unanticipated ways would provide valuable information on the frequency of this experience, and allow for a better understanding of the variables that contribute to its occurrence. Quantitative studies may also provide a means of effectively comparing client's pre-and post- therapy expectations, which would provide information on the ways in which client expectations may influence the experience of benefitting from therapy in unanticipated ways.

Conclusions and Researcher Reflections

The goal of this study was to learn about client experiences of benefitting from therapy in unanticipated ways. By interviewing six participants who identified as having had this experience, I was able identify common themes among them and learn what parts of their experiences were most significant. Certainly, the importance of the therapeutic relationship, the fact that participants were able to grow and engage more in life, and that they reported having benefits that were of great consequence to their lives, are valuable findings. It was also found that the benefits participants experienced from therapy far exceeded their expectations.

Beyond these findings, however, were six individual and unique stories. While conducting the interviews and reviewing the transcripts, I had a powerful sense of how participants were individually touched, and changed, through their experiences in therapy. They each demonstrated a remarkable ability to utilize therapy to make changes in their lives – a process that can be highly challenging, yet clearly rewarding. As other researchers have found, their experiences further illustrated that psychotherapy cannot be

reduced to a simple set of interventions for a specific problem, but instead involves multi-faceted processes and components that we as researchers and therapists continue to strive to understand. Certainly, the present study demonstrated that clients can benefit from psychotherapy in ways that may be unexpected, yet significantly impactful to their lives.

Given these findings, and the paucity of research in this area, it is hoped that the present study will generate further interest on how clients benefit from, and use psychotherapy. By continuing to research client experiences of therapy, from the client's perspective, we will undoubtedly continue to learn valuable information that will deepen our understanding of the processes of change and how best to help those who may be struggling with mental wellness.

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APPENDIX A: RECRUITMENT POSTER

DID THERAPY HELP?

Did therapy help you in **unanticipated ways?**

Were you helped in areas of your life **beyond** what you worked on in therapy**?**

Did you attend therapy for **one thing**, but found you were helped with **another?**

If you answered 'YES' I would like to talk with you!

I am a PhD student researching **unanticipated positive outcomes** from therapy. The aim of this study is to better understand the positive effects that therapy can provide.

Participation consists of a **60-90 minute interview**. Benefits include the chance to talk about your experiences of therapy and advance our knowledge of how psychotherapy works.

You will receive a **$30 honourarium** to cover the cost of transportation and parking.

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the U of A.

Please contact Marjorie Ross (**hitschfe@ualberta.ca** or **780-xxx-xxxx**) if you would like to participate in this study or for more information about it.

APPENDIX B: THERAPIST LETTER

How clients benefit from psychotherapy: An exploration of unanticipated positive outcomes

Dear Therapist,

I am a PhD student conducting a qualitative study on how clients benefit from therapy in unanticipated ways. I am looking for clients who report gaining more benefits than they anticipated they would from therapy, or people who benefited in ways that extended beyond the focus of therapy. This could mean, for instance, someone who was looking for symptom relief/ improvement in one area of their life (such as anxiety related to public speaking) but also found that other areas improved (such as, greater feelings of motivation).

I am asking for your participation by letting your clients know about the potential to participate in this study. Benefits to clients include being able to discuss their successes from therapy, and knowing that they are helping us to better understand the process of psychotherapy in order to better help others improve their psychological health. Benefits for you as a therapist include

Marjorie Ross
hitschfe@ualberta.ca
780-xxx-xxx

Marjorie Ross
hitschfe@ualberta.ca
780-xxx-xxxx

Marjorie Ross
hitschfe@ualberta.ca
780-xxx-xxxx

Marjorie Ross
hitschfe@ualberta.ca
780-xxx-xxxx

Marjorie Ross
hitschfe@ualberta.ca
780-xxx-xxxx

Marjorie Ross
hitschfe@ualberta.ca
780-xxx-xxxx

Marjorie Ross
hitschfe@ualberta.ca
780-xxx-xxxxx

Marjorie Ross
hitschfe@ualberta.ca
780-xxx-xxxx

Marjorie Ross
hitschfe@ualberta.ca
780-xxx-xxxx

Marjorie Ross
hitschfe@ualberta.ca
780-xxx-xxxx

Marjorie Ross
hitschfe@ualberta.ca
780-xxx-xxxx

knowing that your client will have the chance to discuss how they have benefited from therapy, and helping advance our knowledge on the processes of psychotherapy.

Your participation in this research is entirely voluntary. If you choose to participate in this study, please pass on the attached client information letter to your clients about the study.

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

Thank you for considering this request. If you have any further questions regarding this study, please do not hesitate to contact us at either the email or phone number listed below.

Principle Investigator:
Marjorie Ross, MEd
Department of Educational Psychology
hitschfe@ualberta.ca
(780) xxx-xxxx

Supervisor:
Dr. Derek Truscott, PhD, R. Psych
Department of Educational Psychology
Derek.Truscott@ualberta.ca
(780) xxx-xxxx

APPENDIX C: INFORMATION LETTER

How clients benefit from psychotherapy: An exploration of unanticipated positive outcomes

Dear Client,

I am a PhD student researching *how clients benefit from therapy in unanticipated ways*. I am looking for clients who report gaining more benefits than they thought they would from therapy. This could mean, for instance, that you were looking for help in one area of your life (such as anxiety related to public speaking) but also found that other areas improved (such as, greater feelings of motivation). These unanticipated benefits could be small or large. I am interested in any ways that therapy has helped you to make any changes/ improvements in your life that went beyond your initial problem you sought therapy for.

Potential benefits of participating are: an opportunity to share how therapy has resulted in positive gains in your life; and to help others who may be considering psychotherapy. It is my hope the results of this study will help to us to better understand how clients make psychotherapy work, and how we may better help others to increase their psychological health.

If you are interested in participating in this study, your participation would include:

- Participate in a 60-90 minute interview at the University of Alberta;
- Agree to have the interview audio recorded;
- Potentially be contacted for follow-up to the interview, should any questions arise.

Should you agree to participate, you will receive $30 in order to cover the cost of transportation and parking.

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

Thank you for considering this request. If you are interested in participating in this research, you can let your therapist know and have them pass on your contact information, or you may contact me directly at the email or phone number below.

Principle Investigator:
Marjorie Ross, MEd
Faculty of Educational Psychology
hitschfe@ualberta.ca
(780) xxx-xxxx

APPENDIX D: PARTICIPANT INFORMATION LETTER

How clients benefit from psychotherapy: An exploration of unanticipated positive outcomes

Dear Participant:

Thank you for volunteering to be part of my research study: *How clients benefit from psychotherapy: An exploration of unanticipated positive outcomes*. I want to know how clients may benefit from therapy in ways that go beyond their expectations and result in unanticipated positive outcomes. Potential benefits for you include an opportunity to share how therapy has resulted in positive gains in your life, as well as to help others who may be considering therapy. It is my hope the results of this study will help to us to better understand how clients make therapy work, and how we may better help others.

Should you agree to participate in this research, your involvement would include the following:

- Participate in a 60-90 minute interview at the University of Alberta;
- Agree to have the interview audio recorded;
- Potentially be contacted for follow-up to the interview, should any questions arise.

You can request to be provided with a transcript of the interview. Your participation in this research is entirely voluntary. You may opt out of the study at any point. You may also request that your data be removed up until two weeks after you have been provided with transcripts. You can withdraw from the research by sending your request to Marjorie Ross (hitschfe@ualberta.ca) via email.

The data from this research may be used in future research publications and/or presented at conferences. Research reports might include direct quotations made by you, but a pseudonym will be used instead of your name. Other identifying information (e.g. name of therapist, place of work) will also be omitted when results are made public. Only the research team will have access to the data, and we will use pseudonyms early in our analysis of the data. All data for this study will be kept for a minimum of five years following the completion of the research project. Data will be stored in a locked filing cabinet in Marjorie Ross' office and electronic data will be kept on the research team's password-protected computers. A master list matching names to specific files will be stored in a separate location. These measures will help ensure your privacy and maintain confidentiality.

Your consent to participate in this study would be greatly appreciated. If you are willing to participate, please sign the attached consent form and return to Marjorie Ross.

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

Thank you for considering this request. If you have any further questions regarding this study, please do not hesitate to contact us at either the email or phone number listed below.

Principle Investigator:
Marjorie Ross, MEd
Department of Educational Psychology
hitschfe@ualberta.ca
(780) xxx-xxxx

Supervisor:
Dr. Derek Truscott, PhD, R.Psych
Department of Educational Psychology
truscott@ualberta.ca
(780) xxx-xxxx

APPENDIX E: CONSENT FORM

How clients benefit from psychotherapy: An exploration of unanticipated positive outcomes

Name (please print): ______________________________ Date: ____________________

I consent to the following:

- A 60-90 minute interview on how I have benefited from therapy in unanticipated ways;
- Audio-recording of the interview.
- That the data I provide may be used in papers and presentations;

I have read and understand the details in the information letter and consent to participate in this research project:

____________________________________ ______________________________

Signature of Participant Name of Participant

Optional: please check the box below if you would like reports on this research:

❒ I wish to receive a copy of my interview transcript.

❒ I wish to receive a copy the final report on this research.

If you have any questions or concerns about your rights as a participant, or how this study is being conducted, you may contact the Research Ethics Office at 780-492-2615. This office has no affiliation with the study investigators.

APPENDIX F: INTERVIEW PROTOCOL

Interviews will start with collecting some basic information from the participant including demographic information such as gender, age, and number of sessions attended (see Appendix G).

The following questions will then be asked. These questions are meant to provide some structure for the interview, however, other questions may also be asked depending on the information provided by the participant.

1. What was your initial reason for attending therapy?
    Prompts: What outcome did you expect, or hope would happen? Was there anything else you anticipated would happen? Was that goal/ outcome achieved?

2. How did you benefit from therapy in unanticipated ways?
    Prompts: What happened? What changes occurred? How were these changes different than your initial goals? What about your experience was unanticipated? Who was involved?

3. Please tell me the story of how this happened.
    Prompt: What role did therapy have? What role did your therapist have? What feelings have accompanied this experience? Can you provide any more details?

4. Tell me about how these unexpected benefits/changes have impacted you?
    Prompt: In what ways, if any, has this experience contributed to change?

5. What is the significance of this experience for you?
    Prompt: What does this experience mean for you/ What meaning do you attribute to this experience? How have these benefits affected your life?

6. Is there anything I haven't asked you, about your experience of benefitting from therapy in unanticipated ways, that you think is important?

7. What was it like to participate in this interview?

APPENDIX G: DEMOGRAPHICS FORM

How clients benefit from psychotherapy:
An exploration of unanticipated positive outcomes

Name: ________________________________ Date: ______________________

Phone Number _________________________ Email: _____________________

Birth Date: ____________________________ Age: _______________________

Occupation: ___________________________ Gender: F M

When were you last in counselling? ___________________________________

How many sessions did you have? ____________________________________

APPENDIX H: CONFIDENTIALITY AGREEMENT

How clients benefit from psychotherapy: An exploration of unanticipated positive outcomes.

In accordance to conducting work with Marjorie Ross, I agree to the following parameters:

- I understand that all information provided in the audio files from Marjorie Ross are confidential and will not be shared or discussed with a third party.
- The information contained within the files is for purposes of transcription only, and will not be used for any other purpose.
- All audio files will be deleted once the transcriptions have been completed and sent to Marjorie Ross.

Name	Signature	Date